

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

20655

1. PLACE OF DEATH

County Bell Registration District No. 667
 Township La Monte Mo Primary Registration District No. 4400
 City La Monte Mo (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 8
 St. _____ Ward _____

2. FULL NAME

Martha Ann Renegar
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 2 yrs. 2 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. E. Renegar
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-28-1866
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 9 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenney

13. NAME Blackburn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know

15. MAIDEN NAME Dont know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know

17. INFORMANT J. R. Epperson
 (ADDRESS) La Monte Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE La Monte Mo DATE June 8, 1933

19. UNDERTAKER B. F. Parker
 (ADDRESS) La Monte Mo

20. FILED June 8, 1933 B. F. Parker
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1933, to June 7, 1933
 I last saw h. alive on June 6, 1933. Death is said to have occurred on the date stated above, at 8 A. m.
 The principal cause of death and related causes of importance were as follows:

Apoplexy
8 A 820

Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? used Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) W. E. Walker, M. D.
 (Address) La Monte Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 23 1933

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