

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.

AUG 24 1936  
**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

Do not use this space.

27473

1. PLACE OF DEATH  
 County Newton Registration District No. 611  
 Township Seneca Primary Registration District No. 4365  
 City Seneca (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Katie Dorland Reneer  
 (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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Use the word) <u>Widowed</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 26 1871</u>			
7. AGE	YEARS <u>65</u>	MONTHS <u>2</u>	DAYS
		If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
	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) <u>Ill.</u>			
FATHER	13. NAME <u>Daniel B. Taylor</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Do not know</u>		
	15. MAIDEN NAME <u>Juanita Foster</u>		
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>		
	17. INFORMANT <u>Murtha Reneer</u> (ADDRESS) <u>Seneca Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Seneca Mo</u> DATE <u>July 28 1936</u>			
19. UNDERTAKER <u>Norman E. Mitchell</u> (ADDRESS) <u>Seneca Mo</u>			
20. FILED <u>July 30 1936</u> <u>Maude Spahr</u> Registrar			

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26 1936

22. I HEREBY CERTIFY (That I attended deceased from Oct 10 1935 to July 26 1936)  
 I last saw her alive on July 25 1936. Death is said to have occurred on the date stated above, at 9:15 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Acute Pectoris  
940  
 Other contributory causes of importance:  
Myocarditis & Chronic Rheumatism

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) J. B. Suenkel, M. D.  
 (Address) Seneca Mo

