

REC'D MAR 20 1939

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

Do not use this space.

1. PLACE OF DEATH

23 County Clark
Township Union
City Alexandria

Registration District No. 189
Primary Registration District No. 5263

File No. 6236
Registered No. _____
St. _____ Ward _____

2. FULL NAME James Wm. Rennaker

(a) Residence, No. Alexandria, Mo. St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 2 mos. 4 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 7, 1938
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min. no 2 4

8. Trade, profession, or particular kind of work done, as splinter, 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) Alexandria, Mo. C

13. NAME James Albert Rennaker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hinsdale, Iowa

15. MAIDEN NAME Margaret Louise Jones

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alexandria, Mo.

17. INFORMANT (ADDRESS) Mrs. J. Jones Alexandria, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Meeks Cem. Clark County, Mo. DATE FEB. 12, 1939

19. UNDERTAKER (ADDRESS) Keokuk, Iowa

20. FILED Feb 10, 1939 D. J. W. Rebo Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1939, to Feb 11, 1939

I last saw her alive on Feb 10, 1939. Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

Pertussis
Bronchopneumonia

Date of onset Jan 12, 1939
Feb 8, 1939

Other contributory causes of importance:

malnutrition

Name of operation _____ Date of _____

What test confirmed diagnosis? clinical 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) E. L. Dingsburg M. D.

(Address) 167 1/2 1st St. Keokuk, Ia 173

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.

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MAR 14 1939

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District Health Officer No. 10

District File Number 10-39-306

Date Filed MAR 14 1939