

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

7680
Do not neglect space.

REC'D MAR 8 1939

1. PLACE OF DEATH

(a) County St. Francois Registration District No. 771
 (b) Township Iron Primary Registration District No. 6017 Registered No.
 (c) City (d) Street No.
 (e) Length of residence in city or town where death occurred 6 mos. 11 ds. (If death occurred in Hospital or Institution, write its name instead of street and number)
 (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
 4. COLOR OR RACE white
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25 1938
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
6 11
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
 9. Industry or business in which work was done, as 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) Iron Mountain Mo
 13. NAME Chas. W. Renne
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Graiteville Mo
 15. MAIDEN NAME Viola Anderson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iron Co. Mo
 17. INFORMANT (ADDRESS) Chas. W. Renne
 18. BURIAL, CREMATION, OR REMOVAL PLACE Middlebrook Mo DATE Feb 6 1939
 19. FUNERAL DIRECTOR (ADDRESS) Alvin Hood
 20. FILED Feb 6 1939 J. H. Gale Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 6 1939
 22. I HEREBY CERTIFY that I attended deceased from Jan 21 1939 to Feb 6 1939
 I last saw him alive on Feb 1 1939. Death is said to have occurred on the date stated above, at 9:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Tuberemia due to Congenital malformation of lobe system Date of onset 1/20/38
 Other contributory causes of importance: influenza
 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? No
 If so, specify G. C. Anderson (Signed) M. D.
 (Address) Ironton, 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.

STATEMENT BY LICENSED EMBALMER

I, Albert W. Hood, Licensed Embalmer No. 2780

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by, Registered Apprentice No. 2780
working under my personal supervision.

Signed Albert Hood

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)