

NK---THIS IS A PERMANENT RECORD

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.

JUL 18 1936

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

Do not use this space.

1. PLACE OF DEATH *Cooper*
 County *Maguire* Registration District No. *218*
 Township *Saline* Primary Registration District No. *3015-*
 City *Boonville* (No. *St. Joseph Hospital*)
 2. FULL NAME *Andy David Renfrow*
 (a) Residence, No. *Wooldridge* *MD*, St., _____ Ward. _____
 (Usual place of abode)
 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.

22396
 File No. _____
 Registered No. *67*
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <i>male</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Linnie Renfrow</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Feb 2 - 1853</i>				
7. AGE	YEARS <i>81</i>	MONTHS <i>4</i>	DAYS <i>4</i>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Farmer</i>			
	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	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Missouri</i>			
	13. NAME <i>James Renfrow</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Tennessee</i>			
	15. MAIDEN NAME <i>Lucy Wood</i>			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Tennessee</i>			
	17. INFORMANT (ADDRESS) <i>Wooldridge Mo</i>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Capps Chapel</i> DATE <i>6-8-36</i>				
19. UNDERTAKER (ADDRESS) <i>C. Albert Hornbeck</i>				
20. FILED <i>JUN 8 1936</i> <i>Cooper</i> Registrar.				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <i>6-6-36</i>	
22. I HEREBY CERTIFY, That I attended deceased from <i>6-3-36</i> to <i>6-6-36</i>	
I last saw him alive on <i>6-6-36</i> Death is said to have occurred on the date stated above, at <i>11:40</i> a.m.	
The principal cause of death and related causes of importance were as follows: <i>Auto accident</i> Date of onset _____ <i>Injury from</i> <i>16/3/36</i>	
Other contributory causes of importance: <i>NO</i>	
Name of operation <i>None</i>	Date of _____
What test confirmed diagnosis? _____	Was there an autopsy? <i>NO</i>
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <i>Accident</i> Date of injury <i>6-6-36</i> Where and injury occurs <i>of auto on road between</i> Specify whether injury occurred in industry, in home or in public place <i>Public Road</i> (Specify city or town, county, and State) Manner of injury <i>front of auto</i> Nature of injury <i>traw</i>	
24. Was disease or injury in any way related to occupation of deceased? <i>NO</i>	
If so, specify _____	
(Signed) <i>O. L. Murch</i>	M. D.
(Address) <i>Prance Hornbeck</i>	

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