

1929

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

Do not use this space.

806

1. PLACE OF DEATH

County Cooper
Township Saline
City Woodridge Mo (No.) St. Ward)

Registration District No. 225
Primary Registration District No. 4138

File No.
Registered No. 4

2. FULL NAME

Willer Eugene Renfrow

(a) Residence. No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 21st 1926

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 | 10 | 26

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Woodridge
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER S. W. Renfrow

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Sophia Miller

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Missouri

14. INFORMANT S. W. Renfrow
(Address) Woodridge, Mo.

15. FILED Jan 25 1929 W. E. Cooper REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 17th 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan. 13th 1929, to Jan. 13th 1929, 1929, to Jan. 13th 1929, 1929, (that I last saw h. alive on Jan. 13th 1929, 1929, and that death occurred, on the date stated above, at

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Probable Pneumonia
11A
1929
(duration) yrs. mos. 1 da.
CONTRIBUTORY (SECONDARY) Influenza
(duration) yrs. mos. 14 da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Culture
(Signed) Dr. Leachman, M. D.
(Address) Bronville Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Capps Chappell Cem DATE OF BURIAL Jan 18 1929

20. UNDERTAKER C. Albert Hornbeck ADDRESS Bairie Home 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.

O. W. Cochran