

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

Do not use this space.

1. PLACE OF DEATH

County Randolph Registration District No. 733
 Township Salt Spring Primary Registration District No. 377
 City (No.) St. Ward

File No. 24794
 Registered No. 40

2. FULL NAME

Mary Elizabeth Dennis

(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

MEDICAL CERTIFICATE OF DEATH

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

Female white widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 28-1845

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
88 10 25

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chariton Co. Mo.

10. NAME OF FATHER John Horton

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

12. MAIDEN NAME OF MOTHER Elizabeth Embury

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

14. INFORMANT (Address) Mrs Ethel Dennis Clifton Hill Rd 1

15. July 24 1928 5 4 1928 REGISTER

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 29 1928

17. I HEREBY CERTIFY That I attended deceased from Jan 1928 to July 23 1928 that I last saw her alive on July 22 1928 and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH WAS AS FOLLOWS Intestinal Neoplasia

1921 / 290 (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS (Signed) A. J. Farver, M. D. (Address) Huntsville 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 DATE OF BURIAL Dennis Cemetery July 29 1928

20. UNDERTAKER (Address) Andrew M. Mow Huntsville Mo

N. B.—Every item of information should be carefully supplied. Cause of DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS SHOULD SIGN FULLY. Do not use this space.

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH.
 County Randolph Registration District No. 733 File No. _____
 Township Stumptown Primary Registration District No. 2967 Registered No. 40
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Mary Elizabeth Dennis
 (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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|------------------------------|--|
| 3. SEX <u>F</u> | 4. COLOR OR RACE <u>W</u> | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>W</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF | | |
| 6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Aug 28 - 1847</u> | | |
| 7. AGE <u>80</u> | YEARS <u>10</u> | MONTHS <u>23</u> |
| | | DAYS <u>-</u> |
| | | If LESS than 1 day, _____ hrs. or _____ min. |
| 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work _____ (duration) _____ yrs. _____ mos. _____ da. (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____ | | |
| 9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) _____ | | |
| 10. NAME OF FATHER _____ | | |
| 11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) _____ | | |
| 12. MAIDEN NAME OF MOTHER _____ | | |
| 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) _____ | | |

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 23 1928
 17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____, alive on _____, 19____, and that death occurred, on the date stated above, at _____ M.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ da.
 18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH: _____
 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____
 WHAT TEST CONFIRMED DIAGNOSIS? _____
 (Signed) _____, M. D.
 _____, 19____ (Address) _____

*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.

INFORMANT (Address) _____
 15. Sept 9 1928 GG Pragg REGISTRAR
 19. _____
 19. PLACE OF BURIAL, CREMATION, OR REMOVAL _____ DATE OF BURIAL _____
 20. UNDERTAKER _____ ADDRESS _____

N. B.—Every item of information should be carefully checked. PHYSICIANS should be particularly careful. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. ALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW. REGISTRY

SUPPLEMENTARY

