WRITE PLAINLY, WITH UNFADING INK--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.

MAY 22 1933

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

Do not use this space.

12728

1. PLACE OF DEATH
25 County Clinton — Registration District No. 204 — File No.
1 Township — Primary Registration District No. 3013 — Registered No. 23
4 City Cameron (No. ..... St. ..... Ward)

2. FULL NAME Florence Eller Denny

(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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 10. 1859

7. AGE: YEARS 73 — MONTHS 9 — DAYS 13 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home
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): Ridgley Missouri

FATHER
13. NAME: Wm Fitzgerald
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): not Known

MOTHER
15. MAIDEN NAME: — Smithers
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): not Known

17. INFORMANT (ADDRESS): W. H. Denny Cameron Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Graceland Cem. DATE: 4/25 1933

19. UNDERTAKER (ADDRESS): J. W. Poland Cameron Mo

20. FILED: 4/24 1933 Dr C H Risley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apr. 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1933, to April 23, 1933
I last saw her alive on April 22, 1933. Death is said to have occurred on the date stated above, at 8:10 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	
82A	

Other contributory causes of importance: 82A

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? .....
If so, specify .....
(Signed) M. L. Sellers M.D.
(Address) Cameron Mo