

JUN 3 1935

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

Do not use this space.

13940

1. PLACE OF DEATH

County Rolla Registration District No. 701
Township Mauve Primary Registration District No. 5430
City (No.) St. Ward

File No. _____
Registered No. 27

2. FULL NAME

(a) Residence, No. _____ 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. (If nonresident, give city or town and State)

John Milton Denley

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sarah Edge</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 23, 1856</u>		
7. AGE	YEARS <u>82</u>	MONTHS <u>1</u>
	DAYS <u>21</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer</u>	
	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) <u>Mountain Home Tenn</u>		
MOTHER FATHER	13. NAME <u>W. H. Denley</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u>	
	15. MAIDEN NAME <u>Annie Patterson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>	
17. INFORMANT (ADDRESS) <u>Brim Funeral Home Walnut Grove Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Walnut Grove</u> DATE <u>4-17-35</u>		
19. UNDERTAKER (ADDRESS) <u>Brim Funeral Home Walnut Grove Mo</u>		
20. FILED <u>4-17-35</u> <u>J. P. Roberts</u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15, 1935

22. I HEREBY CERTIFY, That I examined deceased from April 15, 1935 to _____, 19____
I last saw him alive on April 15, 1935. Death is said to have occurred on the date stated above, at 5 A. m.
The principal cause of death and related causes of importance were as follows:
Residual apoplexy Date of onset _____

Other contributory causes of importance: aged

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

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) William B. Purin Registrar
(Address) Walnut Grove, 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.

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