

MAR 25 1937

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

Do not use this space.

1. PLACE OF DEATH

County Mason Registration District No. 547  
Township Mason Primary Registration District No. 3129  
City Hannibal (No. St. Eliz. Hospital)

File No. 7209  
Registered No. 59  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Stella Dennison  
(a) Residence, No. Glasse mo 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) Widow

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John - a

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 22, 1872

8. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
64 9 15

9. Trade, profession, or particular kind of work done, as planner, Sawyer, bookkeeper, etc. Housekeeper  
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
11. Date deceased last worked at this occupation (month and year)  
12. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

13. NAME John Foxmeier

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT Mr. Edwin P. Dennison (ADDRESS) Glasse mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Merble Creek DATE Feb. Feb 1937

19. UNDERTAKER James O. Daniel (ADDRESS) St. Elizabeth Hosp

20. FILED Feb 11, 1937 St. C. Fisher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 6th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1936 to Feb 6, 1937  
I last seen alive on Feb 6, 1937 Death is said

to have occurred on the date stated above, at 12:30 p.m.  
The principal cause of death and related causes of importance were as follows:

Lobar pneumonia  
hypertension  
Chronic myocarditis  
Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? chem Was there an autopsy? Yes

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) J. P. Richardson M. D.

(Address) St. Elizabeth Hospital

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.

