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

Do not use this space.

File No. 20802

Registered No. 62

1. PLACE OF DEATH

County: Newton — Registration District No. 609

Township: — Primary Registration District No. 4363

City: Neosho (No. Sale Hospital St. Ward)

2. FULL NAME: Bertha Denison

(a) Residence, No. Route #1 Goodman, Missouri 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.

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.

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: Lewis G. Denison

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 8, 1892

7. AGE: Years 44 — Months 11 — Days 23 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

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): Hartville Missouri

FATHER

13. NAME: Robert T. Pryor

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER

15. MAIDEN NAME: Anna Estell

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

17. INFORMANT: Lewis G. Denison
(ADDRESS) Goodman, Missouri R.#1

18. BURIAL, CREMATION, OR REMOVAL
PLACE Carthage, Mo. DATE June 1, 1937

19. UNDERTAKER: Knell
(ADDRESS) Carthage, Missouri

20. FILED 6-4, 1937 Onal A Sale
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 30, 1937, to May 31, 1937

I last saw h...er alive on May 31, 1937. Death is said to have occurred on the date stated above, at 1 A m.

The principal cause of death and related causes of importance were as follows:

Gunshot wound of lower abdomen — Date of onset

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Other contributory causes of importance:
Accidental shooting: her son, Ray Denison, age 14, was replacing a .22 rifle in auto she was a passenger of. None.

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 5-30, 1937

Where did injury occur? Neosho-Mollhanay Highway.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
On Public highway

Manner of injury: Gunshot wound

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Onal A Sale, M. D.

(Address) Neosho, Mo.