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

PLACE OF DEATH

County Dent

Township Norman
or
Village
or
City (NO. , St.; Ward)

Registration District No. ~~296~~ 269

Primary Registration District No. 5376

File No. 25985

Registered No. 6

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Harry Dennison

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR OR RACE: White

SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

DATE OF BIRTH: Mar (Month) 19 (Day), 1906 (Year)

AGE: 7 yrs. 4 mos. 16 ds.

If LESS than 1 day, hrs. or min.?

OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer): 0 - 0

BIRTHPLACE (City or town, State or foreign country): Phelps Co. Mo.

PARENTS

NAME OF FATHER: S. D. Dennison

BIRTHPLACE OF FATHER (City or town, State or foreign country): Phelps Co. Mo.

MAIDEN NAME OF MOTHER: Blanch Mathis

BIRTHPLACE OF MOTHER (City or town, State or foreign country): Nashville Tenn.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jesse L. Dennison

(ADDRESS) Hobson Mo.

Filed Aug 9, 1913 Wilson M. Lenox REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Aug (Month) 4 (Day), 1913 (Year)

I HEREBY CERTIFY, that I attended deceased from , 191 , to , 191 , that I last saw h alive on , 191 , and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Drowned By accident

183 (Duration) 169 yrs. mos. ds.

Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) Wilson M. Lenox M. D.

Aug 5, 1913 (Address) Hobson Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL: Beaulah Mo.

DATE OF BURIAL: Aug 5, 1913

UNDERTAKER: John Hobson

ADDRESS: Hobson Mo.

PLACE OF DEATH

MISSOURI STATE BOA
BUREAU OF VITAL S
CERTIFICATE OF

County.....

Township ..... Registration District No..... File No.....
or
Village..... Primary Registration District No..... Registered No.
or
City .....(NO. ..... St.:.....Ward)

FULL NAME.....

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (*Write* the word)

DATE OF BIRTH

..... (Month) ..... (Day), *I*..... (Year)

AGE

.....yrs.....mos.....ds.

If LESS than 1 day,.....hrs. or.....min.?

OCCUPATION
(a) Trade, profession, or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

BIRTHPLACE
(City or town, State or foreign country)

PARENTS

NAME OF FATHER

BIRTHPLACE OF FATHER
(City or town, State or foreign country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER
(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant).....

(ADDRESS).....

Filed ....., 191...., ...
REGISTRAR

MEDICAL CERTIFICATE OF

DATE OF DEATH

..... (Month)

I HEREBY CERTIFY, that I a

....., 191...., to.....

that I last saw h.....alive on.....

and that death occurred, on the date sta

The CAUSE OF DEATH* was as follows:

.....(Duration).....yrs.

Contributory.....
(SECONDARY)

.....(Duration).....yrs.

(Signed).....

....., 191.... (Address).....

*State the Disease Causing Death, or, in death (1) Means of Injury; and (2) whether Accidental, Suicid

LENGTH OF RESIDENCE (FOR HOSPITALS, INS RECENT RESIDENTS)

At place of death.....yrs.....mos.....ds. In the State.....

Where was disease contracted if not at place of death? .....

Former or usual residence.....

PLACE OF BURIAL OR REMOVAL

UNDERTAKER

American Medical Association.)

ant, Cook, ...

changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)* For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum,* etc., *Carcinoma, Sarcoma,* etc., of ..... (name origin; "Cancer" is less definite; avoid