

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.

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

1 PLACE OF DEATH
County Stoddard
Township Liberty Registration District No. 836 File No. 7502
or Village Pow Primary Registration District No. 6098a Registered No. 17
or City _____ (NO. _____ St. _____ Ward _____) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Paul Dennis

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE white 5 SINGLE Single
Male white Single
(Write the word)

6 DATE OF BIRTH 9 - 15 1915
(Month) (Day) (Year)

7 AGE 2 yrs. 4 mos. 14 ds. If LESS than 1 day: _____ hrs. or _____ min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Small Child
(b) General nature of industry, business, or establishment in which employed (or employer) _____

9 BIRTHPLACE
(City or town, State or foreign country) MO

PARENTS

10 NAME OF FATHER Charley Dennis

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

12 MAIDEN NAME OF MOTHER Orpha Canady

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Truman Ashby
(Address) Pow, Mo.

15 Filed 41 9 1917 J. F. Riddle
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 2 - 3 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from 1 - 29 - 1918 to 2 - 3 - 1918
that I last saw him alive on 2 - 3 - 1918
and that death occurred, on the date stated above, at 6 P. M.
The CAUSE OF DEATH* was as follows:
Pneumonia
1124 92
(Duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY
(Secondary) _____
(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) Dawsey Ryan M. D.
2 - 4 - 1918 (Address) Bernie, Mo

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

18 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 at Place of Death
if not at place of death?
Former or usual residence usual

19 PLACE OF BURIAL OR REMOVAL Bernie Mo DATE OF BURIAL 2 - 4 1918

20 UNDERTAKER M. Hadley ADDRESS Bernie Mo

