

APR 25 1927

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

Do not use this space.

7881

1. PLACE OF DEATH

County Grundy
Township Galt
City Galt (No.)

Registration District No. 327
Primary Registration District No. 4194

File No.
Registered No. 95
St. Ward)

2. FULL NAME

Nellie Dennis

(a) Residence. No. 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)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

7. AGE

YEARS 22

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

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

Domestic

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

Private Home

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Galt Mo

10. NAME OF FATHER

Nick Dennis

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Mo

12. MAIDEN NAME OF MOTHER

Allen

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

14.

INFORMANT
(Address)

Nick Dennis
Galt Mo.

15.

FILED

3-29-27 U.C. Weston
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Mar 24 1927

17.

I HEREBY CERTIFY, That I attended deceased from Not at all to 19 that I last saw h. e. alive on about Dec 15, 1926, and that death occurred, on the date stated above, at 3:15 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Septic infection caused by an abortion (Coroner's Jury Verdict)
1 1/2 (duration) Don't know

CONTRIBUTORY (SECONDARY)

1 1/2 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: Trenton Mo

19. DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? Coroner's Inquest

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Evidence

(Signed) D.R. Reeks Coroner M. D.

3/25 1927 (Address) Trenton Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Galt Mo.

3/26 1927

20. UNDERTAKER

R. H. Hemley & Co

ADDRESS

Trenton 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.

CAUTION: This document contains information that is exempt from public release under the Freedom of Information Act, 5 U.S.C. 552. It is to be controlled, stored, transmitted, disseminated, and disposed of in accordance with the policies and procedures of the Department of Defense. This document is to be controlled, stored, transmitted, disseminated, and disposed of in accordance with the policies and procedures of the Department of Defense. This document is to be controlled, stored, transmitted, disseminated, and disposed of in accordance with the policies and procedures of the Department of Defense.

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Grundy Registration District No. 327 File No.
 Township Salt Primary Registration District No. 4194 Registered No. 3-
 City Salt (No.) St. Ward)

2. FULL NAME

Nellie Dennis
 (a) Residence. No. 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>S</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Feb 12 - 1905</u>		
7. AGE YEARS <u>22</u>	MONTHS <u>1</u>	DAYS <u>12</u>
If LESS than 1 day, <u> </u> hrs. or <u> </u> min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 24 1927

17. I HEREBY CERTIFY, That I attended deceased from to 19.....
 that I last saw him alive on 19....., and that death occurred, on the date stated above, at

THE CAUSE OF DEATH* WAS AS FOLLOWS:
 (duration) yrs. mos. da.
 CONTRIBUTORY (SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH:
 DID AN OPERATION PRECEDE DEATH: DATE OF
 WAS THERE AN AUTOPSY:
 WHAT TEST CONFIRMED DIAGNOSIS:
 (Signed) , M. D.
 , 19 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state: (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
20. UNDERTAKER	ADDRESS

SUPPLEMENTARY

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

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Winterses
Pa.
 (STATE OR COUNTRY)

14.

INFORMANT
 (Address)

15.

9-29-1927 El Cueston
 FILED 19..... REGISTRAR

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

Table 1 Missouri State Board of Health, Bureau of Vital Statistics, District 24, No. 1000

S-7881