

SEP 30 1927

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

Do not use this space.

27910

1. PLACE OF DEATH

County Newton
Township Marcou
City Diamond

Registration District No. 615
Primary Registration District No. 587

File No. _____
Registered No. 12
St. _____ Ward)

2. FULL NAME

Angie Elizabeth Denton
(a) Residence. No. 2 St. _____ Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 40 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)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

L. L. Denton

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

9.17.1867

7. AGE

YEARS

MONTHS

DAYS

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

591118

8. OCCUPATION OF DECEASED

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

Housework

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Texas Co

(STATE OR COUNTRY)

Mo.

10. NAME OF FATHER

N. F. Dandy

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Texas

12. MAIDEN NAME OF MOTHER

Almeda Callahan

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo. Mo.

14.

INFORMANT

(Address)

F. L. Denton
Richee Mo.

15.

FILED

Sep 24 1927
U. S. Chapman
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Sept 5 1927

17.

I HEREBY CERTIFY, That I attended deceased from Sept 4, 1927, to Sept 5, 1927 that I last saw him alive on Sept 5, 1927, and that death occurred, on the date stated above, at 8:55 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Appendicitis

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH...

DID AN OPERATION PRECEDE DEATH? yes DATE OF Sept 4 - 1927WAS THERE AN AUTOPSY? noWHAT TEST CONFIRMED DIAGNOSIS? The operation(Signed) R. F. Chatham, M. D.Address Diamond 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

J. O. & HewtoniaSept. 9 - 1927

20. UNDERTAKER

J. A. Hulmar

ADDRESS

Granley Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

