FEB 24 1928

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

Do not use this space.

3677

1. PLACE OF DEATH
County: Scott — Registration District No.: 816 — File No.:
Township: Kelso — Primary Registration District No.: 6065 — Registered No.: 2
City: ~~Rockview~~ (No. ..... St. ..... Ward)

2. FULL NAME: Minnie Belle Denbow

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 0 yrs. 11 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): Aug 14. 1905

7. AGE: Years 22 | Months 4 | Days 21 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Crowder Mo

PARENTS
10. NAME OF FATHER: John Denbow
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Sandywoods Dikeston Mo
12. MAIDEN NAME OF MOTHER: Effie Stokes
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Union Co Ill

14. INFORMANT: Floyd Denbow
(Address): Chaffee Mo

15. FILED: Jan. 6, 1928 — G. A. Sample, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

1

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 5 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 28, 1927, to Jan 5, 1928 that I last saw her alive on Dec 20, 1927, and that death occurred, on the date stated above, at 5 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Pulmonary tuberculosis 23A

31

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Formerly treated State Sanitarium Mt. Vernon Mo 3 years
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Matthews Mo

0 DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Sputum positive

1/6 (Signed) W. O. Finney, M. D
, 1928 (Address) Chaffee 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: Rockview Cemetery Chaffee Mo. — DATE OF BURIAL: 1/6 1928

20. UNDERTAKER: L. C. Bisplinghoff — ADDRESS: Chaffee 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.