

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

Do not use this space.

1. PLACE OF DEATH

County Gasconade
Township Madison
City Greenman Mass. (No. 1)

Registration District No. 2012
Primary Registration District No. 411

File No. 5384
Registered No. _____
City (If nonresident give city or town and State) _____ Ward _____

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 12 - 1880

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ____ hrs. or ____ min.
48 19 3

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Employee
(b) General nature of industry, business, or establishment in which employed (or employer) Empire Dist Elec. Co.
(c) Name of employer _____

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

10. NAME OF FATHER John P. Denton

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

12. MAIDEN NAME OF MOTHER Elizabeth Marcus

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

14. INFORMANT (Address) P. H. Fleet
Joplin Mo.

15. FILED 27 19 28 Dr. Benson Clark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR) 2-15-1928

17. I HEREBY CERTIFY That I attended deceased from Jan 19, 1928 to Feb 15, 1928 that I last saw him alive on Feb 15, 1928 and that death occurred, on the date stated above, at 12:30 P.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Cerebral hemorrhage following operation for sinus trouble

CONTRIBUTORY (SECONDARY) 1040 (duration) yrs. mos. ds. 740

18. WHERE WAS DISEASE CONTRACTED 800 IF NOT AT PLACE OF DEATH 740

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____ WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) Charles J. Reid, M.D.

*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 Persepolis - Kans. 2-15-1928 DATE OF BURIAL _____

20. UNDERTAKER Wendell Lead Co. Joplin Mo. ADDRESS _____

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.

MAR 19 1928

RECORD

