

UG 2 1928

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

Do not use this space.

23280

1. PLACE OF DEATH  
 County Chariton Registration District No. 175 File No. 23280  
 Township Salisbury Primary Registration District No. 5243 Registered No. 40  
 City Salisbury (No.       ) St.        Ward       

2. FULL NAME Alfred 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 male 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 Francis Dennis

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov-16-1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.  
65 | 7 | 20

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

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

10. NAME OF FATHER Harrison Dennis

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

12. MAIDEN NAME OF MOTHER Nancy J. Callison

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

14. INFORMANT J. Dennis J  
 (Address) Salisbury Mo

15. FILED 7/7 1928 H.W. Hawkins  
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July-6 1928

17. I HEREBY CERTIFY, That I attended deceased from 7/6 28 to 7-6 28, 1928, that I last saw him/her alive on 7-6 28, 1928 and that death occurred, on the date stated above, at 6 P m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

apoplexy

82A

CONTRIBUTORY (SECONDARY)

7/4/28

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) H.W. Hawkins, M. D.  
7/6, 1928 (Address) Salisbury 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 Funeral Cemetery DATE OF BURIAL 7/8 1928  
 20. UNDERTAKER Winkelman & Bros ADDRESS Salisbury

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.

