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

Do not use this space.

File No. 33329

Registered No. 40

1. PLACE OF DEATH

County: Green

Registration District No. 237

Township:

Primary Registration District No. 4144

City: Springfield (No. ..... St. ..... Ward)

2. FULL NAME Sam. B. Denton

(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: ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

In Hospital

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	Caucasian	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 1860

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ... hrs. or ..... min.
	68	3	—	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Western Judge

(b) General nature of industry, business, or establishment in which employed (or employer): of Dade Co. Mo.

(c) Name of employer

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

PARENTS

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT Mrs. S. B. Denton
(Address) Greenfield. Mo

15. FILED 10-17, 1928 — E. O. Ball, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 19

17. I HEREBY CERTIFY, That I attended deceased from 10-8-28, 19..., to 10-12, 19 28 that I last saw him alive on 10-12, 19 28 and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Intestinal obstruction

(duration) ..... yrs. ..... mos. 10 ds.

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

18. WHERE WAS DISEASE CONTRACTED? Greenfield Mo

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? yes DATE OF 10-8-28

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Operation

(Signed) H. A. Lowe, 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
To Greenfield. Mo.	Oct. 14 1928
20. UNDERTAKER	**ADDRESS**
J. W. Ward.	Greenfield Mo

PLEASE PRINT IN INDELIBLE INK. THIS IS A PERMANENT RECORD. Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

SUPPLEMENTARY

1. PLACE OF DEATH
County: Greene — Registration District No.: 318 — File No.: 40
Township: — Primary Registration District No.: 2001 — Registered No.: 716 A
City: Springfield (No. ..... St. ..... Ward)

2. FULL NAME: Sam B. Denton
(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode) In Hospital
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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): M

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb 1860

7. AGE: 68 YEARS — MONTHS: 3 — DAYS: Unknown — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Western Judge
(b) General nature of industry, business, or establishment in which employed (or employer): 7 Dade Co. mo
(c) Name of employer

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

PARENTS
10. NAME OF FATHER: Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: Mrs S. B. Denton
(Address): Greenfield mo

15. FILED: 10/14 1928 — C C Horst Mbe — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 10-12 1928

17. I HEREBY CERTIFY, That I attended deceased from 10-8- 1928 to 10-12 1928 that I last saw him alive on 10-12 1928, and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Intestinal Obstruction due to redundant sigmoid (duration) ..... yrs. ..... mos. 6 ds.

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

1180

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Greenfield mo
DID AN OPERATION PRECEDE DEATH? yes DATE OF 10-8-28
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Operation
(Signed) H. A. Lowe, 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: % Greenfield mo — DATE OF BURIAL: Oct 14 1928

20. UNDERTAKER: J. W. Ward — ADDRESS: Greenfield mo

N. B.—Every item of information sh... ...fully supplied. AGE should be stated EXACTLY. PHYSICIANS sho... CAUSE OF DEATH in plain terms, ...may be properly classified. Exact statement of OCCUPATION is very imp...

FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

5-33329