

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

Do not use this space.

37617

29 1928

1. PLACE OF DEATH

County Miller
Township Ridgwoods
City _____ (No. _____ St. _____ Ward _____)

Registration District No. 572
Primary Registration District No. 5757

File No. _____
Registered No. _____

2. FULL NAME

Edmond Owen Denton

(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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Ida Belle Denton

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 24. 1873

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
55 9 10

8. OCCUPATION OF DECEASED Farmer 1894
(a) Trade, profession, or particular kind of work.
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

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

10. NAME OF FATHER Jacob Denton

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Salem Co
(STATE OR COUNTRY) Illinois

12. MAIDEN NAME OF MOTHER Nancy Adeline Bond

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

14. INFORMANT Mrs. Ida Denton
(Address) Hancock Mo

15. FILED Dec 10 28 W. G. in Grand
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 4 1928

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Accidentally killed by gun that wound in hands of Ernest Amelcer Cameron's request

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

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

8 DID AN OPERATION PRECEDE DEATH? DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS (Signed) H. W. Duncan M. D.

(Address) Idria 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 Livingston Cemetery DATE OF BURIAL 11/5 1928

20. UNDERTAKER C. L. Casey ADDRESS Idria 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.

1929-1-24
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1873 1-24