

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

Do not use this space.

2771

1. PLACE OF DEATH

County Oregon Registration District No. 636
 Township Woodruff Primary Registration District No. 5843
 City (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 14
 St. _____ Ward _____

2. FULL NAME

Vincent R Denney
 (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 23 1858

7. AGE YEARS 70 MONTHS 11 DAYS 21 If LESS than 1 day, _____ hrs. or _____ min.

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) New Middleton
 (STATE OR COUNTRY) Tenn.

10. NAME OF FATHER John Denney

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Tenn. Smith Co

12. MAIDEN NAME OF MOTHER Marcia Oliver

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) New Middleton
 (STATE OR COUNTRY) Tenn. Smith Co

14. INFORMANT Mason Watson
 (Address) Alton Mo 63

15. FILED 2/20 1929 Emoch Bailey
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 14 1929

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

THE CAUSE OF DEATH* WAS AS FOLLOWS:

flu, influenza
secondary
11/5

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

CONTRIBUTORY (SECONDARY) secondary

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

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

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS sonenlaw
 (Signed) Mason Watson: When he died M. D.

, 19 (Address) Alton Mo 63

*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.

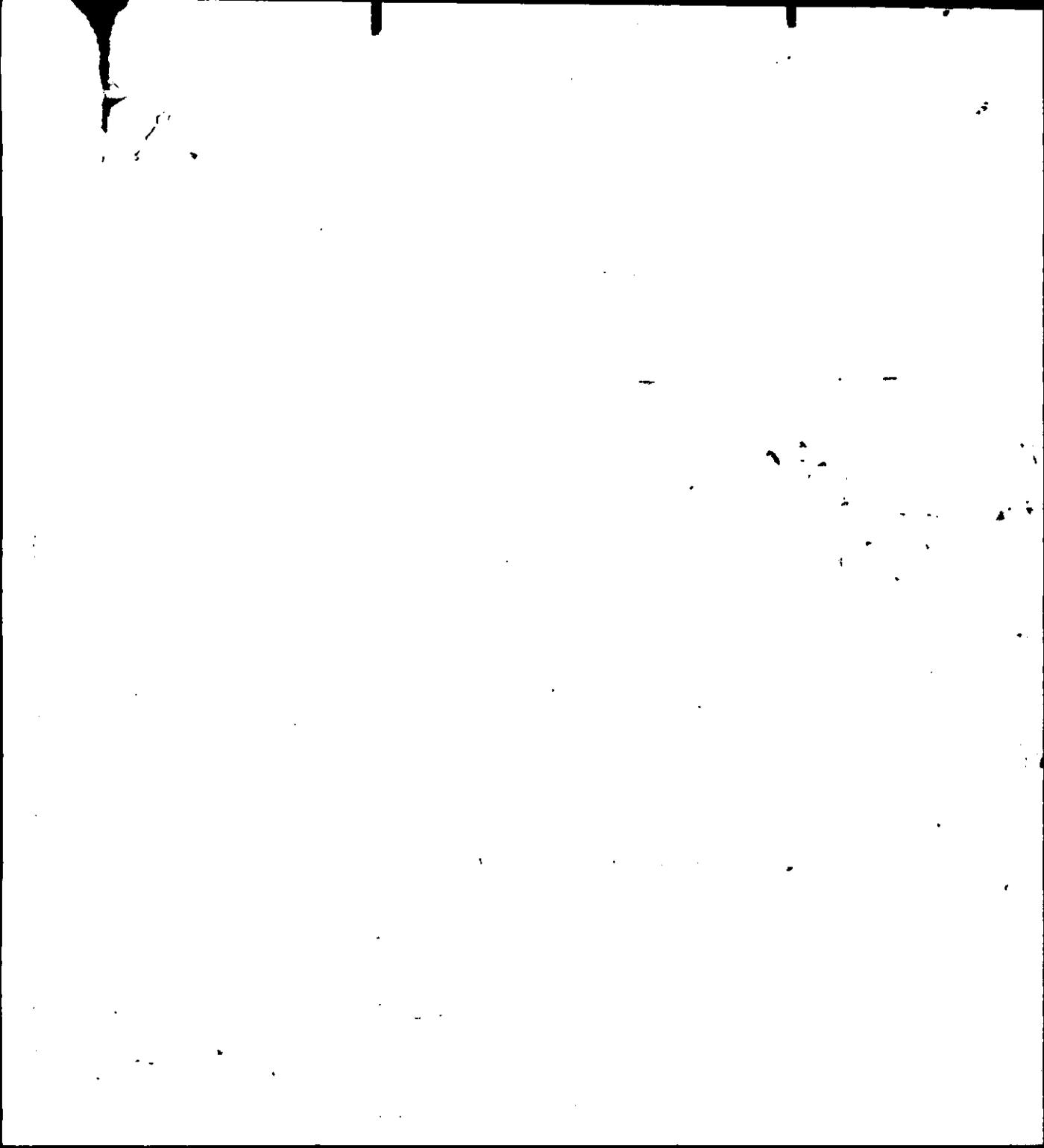
19. PLACE OF BURIAL, CREMATION, OR REMOVAL Alton Mo DATE OF BURIAL 1/15 1929

20. UNDERTAKER W. S. Crouch ADDRESS Alton 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.

MAR 25 1929

1
2
2
2
2



14
ENOCH BAILEY

EX-OFFICIO CLERK AND
JUDGE OF THE PROBATE COURT
OREGON COUNTY
ALTON, MO.

this Mr Dennie
was in feeble health his wife having died first
got out of West would not have no treatment or
Dr. and was very feeble Taken influenza
Bad this is the best i can do

S-2771