

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

Do not use this space.

10438

1. PLACE OF DEATH

County Howard,
Township.....
City Fayette, (No.)

Registration District No. 378
Primary Registration District No. 4222

File No.
Registered No. 26
St. Ward)

2. FULL NAME

Sarah Elizabeth Denny
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female, 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 Lionel Davis,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1/16/1897

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>32</u>		<u>1 28</u>	<u>28</u>	

8. OCCUPATION OF DECEASED

(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) (STATE OR COUNTRY) Missouri

10. NAME OF FATHER J Humphry Denny.

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

12. MAIDEN NAME OF MOTHER Maud Shacklerford.

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

14. INFORMANT Lionel Davis, (Address) Fayette, Mo.

15. FILED 3.20.29 V.O. Bonham REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/14/29 19

17. I HEREBY CERTIFY, That I attended deceased from 2-16, 1929, to 3-14, 1929, that I last saw her alive on 3-14, 1929, and that death occurred, on the date stated above, at 11:30 P. 1929, m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Septicemia

11 1/2 (duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) Influenza (duration) yrs. mos. 14 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WHAT TEST CONFIRMED DIAGNOSIS? Physical findings + history

(Signed) Wm. G. Shaw, M. D.

, 19 (Address) Fayette, 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 DATE OF BURIAL
Walnut Ridge, 3/16/29 19

20. UNDERTAKER ADDRESS
Guy T. Halley. Fayette. 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.

25 1929

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