

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

Do not use this space.

21439

2573

1. PLACE OF DEATH
 County Jackson Registration District No. _____
 Township Rail Primary Registration District No. _____
 City Kansas City (No. 1084 East 8th St) St. 1st Ward

2. FULL NAME Marnie E Denton
 (a) Residence. No. 1007 E 8th St., 1st Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 6 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) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBANDS OF (OR) WIFE OF Thomas J Denton

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 21 1870

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>59</u>	<u>2</u>	<u>16</u>	

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

9. BIRTHPLACE (CITY OR TOWN) Stotesbury
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER James Hines

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

12. MAIDEN NAME OF MOTHER May Armstrong

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

14. INFORMANT F B Denton
 (Address) 1007 East 8th

15. FILED 6/8, 1929 M. M. Crowe
 asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 7, 1929

17. I HEREBY CERTIFY, That I attended deceased from 4-29-29 to 6-7-29, 1929 that I last saw him live on 6-7-29, and that death occurred, on the date stated above, at 8:00 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of liver
46E (duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) 440

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

1 DID AN OPERATION PRECEDE DEATH? no DATE OF 5-4-29
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none
 (Signed) Eng E. Owens, M. D.
6/8, 1929 (Address) K.C. Mo. 1018 Madison

*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 Stotesbury Mo DATE OF BURIAL June 8 1929

20. UNDERTAKER H C Bergman ADDRESS Kc City, Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

