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

Do not use this space.

28258

SEP 25 1929

1. PLACE OF DEATH
County Lawrence — Registration District No. 468 — File No.
Township — Primary Registration District No. 4281 — Registered No. 17
City Marionville (No. ... St. ... Ward)

2. FULL NAME Georgia Louise Denney
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 29 1921

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
7	10	18	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Child
(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) Marionville Mo

PARENTS
10. NAME OF FATHER George Denney
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Webster Co Mo
12. MAIDEN NAME OF MOTHER Jennie Andrews
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Stone Co. Mo

14. INFORMANT George Denney
(Address) Marionville Mo

15. FILED Aug 20 1929 R. Andrews REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 17 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug 11th, 1929, to Aug 17th, 1929, that I last saw her alive on Aug 17th, 1929, and that death occurred, on the date stated above, at 2:00 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
10A
89A
79A
101A
(duration) ... yrs. ... mos. 6 ds.

CONTRIBUTORY (SECONDARY) Meningeal Infection from Abscess of middle ear (duration) ... yrs. ... mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
0 DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical symptoms
(Signed) F. W. Lester, M. D
8-20, 1929 (Address) Marionville 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: Marionville — DATE OF BURIAL: 8-19 1929

20. UNDERTAKER: Bradford Funeral Home — ADDRESS: Marionville

...plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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