APR 23 [illegible]

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

Do not use this space.

7743

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No. 285

Township — Primary Registration District No. 1001 — Registered No.

City St. Joseph, (No. 3026 Lafayette St. Ward)

2. FULL NAME Maria L. Denny,

(a) Residence. No. 3026 Lafayette St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Widowed,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 28, 1849

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	80	11	9	

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

9. BIRTHPLACE (CITY OR TOWN) Washington County,
(STATE OR COUNTRY) Indiana,

PARENTS

10. NAME OF FATHER Jacob Rayhill,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Indiana,
12. MAIDEN NAME OF MOTHER Margaret Morris,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Indiana,

14. INFORMANT Miss Mayme Denny
(Address) 3026 Lafayette Street.

15. FILED MAR 8 1930 19 John G. Utz REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 7, 1930

17. I HEREBY CERTIFY, That I attended deceased from March 5, 1930, to March 7, 1930, that I last saw her alive on March 7, 1930, and that death occurred, on the date stated above, at 1:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diabetes Mel,
59
93 II

Many (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Myocarditis

not known (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Laboratory & Clinical

(Signed) B. T. Quigley, M. D.

Mch 8, 1930 (Address) St. Joseph 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
Mound City, Mo. via Auto	March 9, 1930.

20. UNDERTAKER	ADDRESS
Heaton - Bt. Gale & Bowman, Funeral Home	319 S. 10 St.

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.