

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.

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

Do not use this space.

13535

1. PLACE OF DEATH

County Wassenaar  
Township Wagoner  
City Desoto (No. ....)

Registration District No. 655  
Primary Registration District No. 5872

File No. ....  
Registered No. ....  
St. .... Ward)

2. FULL NAME

Neil B. Denton

(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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (arrise the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 22, 1848

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
81 8 13

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farming  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Germesser  
(STATE OR COUNTRY)

10. NAME OF FATHER Abner Denton

11. BIRTHPLACE OF FATHER (CITY OR TOWN) not known  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) not known  
(STATE OR COUNTRY)

14. INFORMANT W. H. Green  
(Address) R. F. 81. Steels. Mo.

15. FILED 4/5/30 Max P. Kelly  
19... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 4<sup>th</sup> 1930

17. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... that I last saw h..... alive on ..... 19..... and that death occurred, on the date stated above, at 2:30 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Acute Cardiac Dilatation  
956

CONTRIBUTORY (SECONDARY) Cardio-Renal Complication  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 956  
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 history  
(Signed) James P. Vickrey (Carver) M. D.  
(Address) Beaggs Place 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 Green cemetery DATE OF BURIAL 4-4 1930

20. UNDERTAKER Germann and Co ADDRESS Steels Mo

