

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

Do not use this space.

20804
~~20072~~

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. **781**
Primary Registration District No. **1003**
(No. **2834^a Walnut**)

File No.....
Registered No. **5601**
St..... Ward.....

2. FULL NAME

alice denny
(a) Residence, No. **2834^a Walnut St.**, **22** 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 *Female* 4. COLOR OR RACE *col* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Widowed*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *6/3/1859*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
71 - 3

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) *Keesville, Mo*
(STATE OR COUNTRY)

10. NAME OF FATHER *Giles Beverley*

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

12. MAIDEN NAME OF MOTHER *Unknown*

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

14. INFORMANT *Ray Denny (son)*
(Address) *2834 Walnut St.*

15. FILED *6/10 - 9 1939* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *6/6 1930*

17. I HEREBY CERTIFY, That I attended deceased from *5-6-1930*, to *6-6-1930*, that I last saw her alive on *6-6-1930*, and that death occurred, on the date stated above, at *6:40 p.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic interstitial nephritis

(duration) *1* yrs. mos. ds.

CONTRIBUTORY (SECONDARY) *age*

18. WHERE WAS DISEASE CONTRACTED?

IF NOT IN PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) *Dr. Edward J. Beck*, M. D.

6.9.30 (Address) *122 South Perry Ave*

*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

St. Peter's Cemetery *6/10 1930*

20. UNDERTAKER ADDRESS

Peoples Und. Co *3100 Franklin*

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.

PARENTS

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