

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.

DEC 20 1930

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

Do not use this space.

35326

1. PLACE OF DEATH
County Bollinger Registration District No. 68
Township Union Primary Registration District No. 3707
City Patton (No. _____) St. _____ (Ward _____)

2. FULL NAME Chesley Nichols Dennis
(a) Residence No. _____ St. _____ Ward _____ (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 (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 10 - 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 10 26

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Tanner
(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) Bollinger

PARENTS

10. NAME OF FATHER George

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

12. MAIDEN NAME OF MOTHER Meyer

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

14. INFORMANT W C Dennis
(Address) Marble Mt.

15. FILED Dec 1 1930 Lucas Bollinger REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Nov 17, 1930, to Nov 6, 1930 that I last saw him alive on Nov 5, 1930, and that death occurred, on the date stated above, at 10-15 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Prostatitis
137
135B

CONTRIBUTORY (SECONDARY) Cystitis (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH 135

DID AN OPERATION PRECEDE DEATH? DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) Edward Crites, M. D.
, 19 (Address) Seaguir's Hill 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 Patton DATE OF BURIAL Nov 7 1930

20. UNDERTAKER A G Baker ADDRESS Autosnell

