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

Do not use this space.

4259

File No.
Registered No. 2

1.

FEB 1 1931

1. PLACE OF DEATH

County: Stoddard
Township: Dudley Court
City: Miner Mo. (No. ..... St. ..... Ward)

Registration District No. 820
Primary Registration District No. 6102

2. FULL NAME Fred J. Dennis

(a) Residence. No. Miner Mo. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	✓

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 17-1930

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
		22	

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

9. BIRTHPLACE (CITY OR TOWN) Miner
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Fred J. Dennis
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Dade 1
12. MAIDEN NAME OF MOTHER Victoria E. Walker
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Sterling
(STATE OR COUNTRY) Mo

14. INFORMANT Fred J. Dennis
(Address) Miner

15. FILED 1-10 1931 E. L. Hoffe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 9 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1931, to Jan 9, 1931, that I last saw h. alive on Jan 8, 1931, and that death occurred, on the date stated above, at 1 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Bronchitis and Pneumonia
IIA
1060B (duration) yrs. mos. 6 ds.
CONTRIBUTORY (SECONDARY) None (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? ✓
(Signed) E. L. Ehmen, M. D.
1/9 1931 (Address) Puxico 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 Puxico Mo — DATE OF BURIAL Jan 10 1931
20. UNDERTAKER Fornis — ADDRESS Miner Mo

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.