

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

Do not use this space.

13008

**1. PLACE OF DEATH**

County Webster  
Township East Benton  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 898  
Primary Registration District No. 6203

File No. \_\_\_\_\_  
Registered No. 61  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Marinda Susan Denney

(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 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED OR DIVORCED <u>HUSBAND OF</u> <u>(OR) WIFE OF</u> <u>James A Denney</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>July 19-1861</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>70</u>	<u>8</u>	<u>8</u>	<u>1</u>	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work... <u>Housewife 235</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer <u>own home</u>				

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Mo

PARENTS	10. NAME OF FATHER <u>Thomas W Simmerman</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>Mo</u>
	12. MAIDEN NAME OF MOTHER <u>Mary Rose</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>Mo</u>	

14. INFORMANT George Denney  
(Address) Marionville, Mo

15. FILED 3/24 1931 John W Good  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 20 1931

17. I HEREBY CERTIFY, That I attended deceased from Sept 15 1927 to Mar 20 1931 that I last saw h. or alive on Mar. 24 1930 and that death occurred, on the date stated above, at 9 p. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS: 1  
Myocardial insufficiency  
dropsey (duration) 4 yrs. mos. ds.  
CONTRIBUTORY (SECONDARY) dropsey (duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH at Place of death

19. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? usual signs  
(Signed) John W Good M. D.  
, 19 1931 (Address) Fordland 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 <u>Ester Cemetery</u>	DATE OF BURIAL <u>Mar 26 1931</u>
20. UNDERTAKER <u>E F Harris</u>	ADDRESS <u>Fordland</u>

APR 27 1931

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10/10/10