

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

Do not use this space.

24855

1. PLACE OF DEATH

County Laclede
Township Lacy
City (No. _____) _____

Registration District No. 371
Primary Registration District No. 447
(No. 5577)

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

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 HUSBAND OF (OR) WIFE OF <u>Clifford Dennisson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 28 1908</u>		
7. AGE	YEARS <u>23</u>	MONTHS <u>6</u>
	DAYS <u>16</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farm</u>	
	10. Date deceased last worked at this occupation (month and year) _____	11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Missouri

FATHER 13. NAME
John Carty

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Mo

MOTHER 15. MAIDEN NAME
Berdie Hughes

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Mo

17. INFORMANT
Clifford Dennisson
(ADDRESS) 1740 S. Mainland Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Flower Mo DATE 7/18 1931

19. UNDERTAKER (ADDRESS)
W. H. Campbell
811 E. 1st St. Mo.

20. FILED
8/1 1931
W. H. Campbell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-15-1931

22. I HEREBY CERTIFY, That I attended deceased from July 11 1931 to July 15 1931
I last saw him alive on July 15 1931. Death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

Placenta previa
7 1/2 months gestation
144A
144B

Other contributory causes of importance:
Purpural hemorrhage

Name of operation 40 Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) W. E. Hogan, M. D.
(Address) Woundedly 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.

AUG 26 1931

10/10/10

10/10/10

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