

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

Do not use this space.

33944

1. PLACE OF DEATH

County Clinton Registration District No. 207
 Township Plattsburg Primary Registration District No. 4/26
 City Plattsburg (No. _____) St. _____ Ward _____

File No. 19
 Registered No. 137

2. FULL NAME Julia Ann Dennis

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 30, 1839

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>92</u>	<u>11</u>	<u>26</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) County Kerry (STATE OR COUNTRY) Ireland

13. NAME Michael Hennigan

14. BIRTHPLACE (CITY OR TOWN) Ireland (STATE OR COUNTRY) _____

15. MAIDEN NAME Murphy

16. BIRTHPLACE (CITY OR TOWN) Ireland (STATE OR COUNTRY) _____

17. INFORMANT Exprensia Dennis (ADDRESS) Plattsburg Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Plattsburg DATE 10-2 1931

19. UNDERTAKER Clayton C. Bryan (ADDRESS) Plattsburg Mo

20. FILED Oct 7 1931 [Signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 4 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1880, to Oct 4, 1931

I last saw h. alive on Oct 4, 1931. Death is said to have occurred on the date stated above, at 6:00 p. m.

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

No age - Inanition Date of onset _____

Other contributory causes of importance: 162

Name of operation _____ 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 _____, 1931

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) [Signature], M. D.

(Address) Plattsburg 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.

1931 OCT 21

