

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

Do not use this space.
34755

1. PLACE OF DEATH

County *Jasper*
Township *Joplin Mo.*
City *Joplin Mo.* (No.)

Registration District No. *411*
Primary Registration District No. *2002*

File No. *317*
Registered No.
St. Ward)

2. FULL NAME *Mrs. Lura Elizabeth Dennis*

(a) Residence, No. *Freeman Hoop* 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 *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widow*

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Lowell L. Dennis*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept. 29 - 1859*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 - 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Ho. wife*

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) (STATE OR COUNTRY) *Virden, McCouper Co. Ill.*

13. NAME *David Price*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Wales England*

15. MAIDEN NAME *Elizabeth*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *England*

17. INFORMANT *Raymond J. Dennis*
(ADDRESS) *1715 St. J. Ave. Joplin*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Park Cemetery No 1019 St.*

19. UNDERTAKER (ADDRESS) *The Frank-Jewers Co. Joplin Mo.*

20. FILED *Oct. 8, 1931* U. Censor Clark Registrar.

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct. 5th, 1931*

22. I HEREBY CERTIFY, That I attended deceased from *March 16, 1931, to Oct 5, 1931*

I last saw her alive on *Oct. 5, 1931* Death is said to have occurred on the date stated above, at *11⁴⁵ a.m.*

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

Date of onset

Carcinoma of Bladder 11-31

53B

Other contributory causes of importance *53B*

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 _____, 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) *E. H. DeLaney*, M. D.

(Address) *Joplin Mo.*

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 24 1931

