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.

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

Do not use this space.

File No. 1692

Registered No.

1. PLACE OF DEATH

58

County Linn — Registration District No. 1084

Township Jackson — Primary Registration District No. 5662

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Edith Dennis

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 27 1880

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
51	2	9	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

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) Sullivan Co Missouri

FATHER

13. NAME George Clinenger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan Co. Missouri

MOTHER

15. MAIDEN NAME Mary Walker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan Co Missouri

17. INFORMANT (ADDRESS) Vane Kingsolver Linneus, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Morris Chapel DATE Jan 8 1932

19. UNDERTAKER (ADDRESS) Thorne Und't Co, Linneus Mo.

20. FILED Jan 20 1932 J. M. Canada Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 6 1932

22. I HEREBY CERTIFY That I attended deceased from Jan 3 1932, to Jan 6 1932

I last saw her alive on Jan 6 1932 Death is said to have occurred on the date stated above, at 4:30 p.m.

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

	Date of onset
Acute Tonsillitis	1-3-32
Acute Pentonsillitis	1-5-32
Acute Laryngitis, Entomal	1-5-32

Other contributory causes of importance:

1050 / 15 a

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? No

If so, specify .....

(Signed) [signature], M. D.

(Address) [signature]

Purdin