

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

Do not use this space.

7153

1. PLACE OF DEATH

County Jerison Registration District No. 875

Township Nebraska Primary Registration District No. 3039

City Nevada Mo (No. 1112 N Lynn)

2. FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 28 - 1924

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
7 11 6

8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. Student

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) Mo 1

13. NAME E Allen Dennis

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

15. MAIDEN NAME Bonnie Plummer

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

17. INFORMANT E Allen Dennis (ADDRESS) 1112 N Lynn Nevada Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Antioch Cem DATE 7-5 1932

19. UNDERTAKER Allen J Hoys (ADDRESS) Nevada Mo

20. FILED 3/25 1932 E. P. King Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 4 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 16 1931, to Feb 4 1932

I last saw him alive on 11-4 1932 Death is said to have occurred on the date stated above, at 4:30 a.m.

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

10 Myocarditis
93 D 10 D
Acute Laryngeal Diphtheria
Dec 16 1931

Name of operation none Date of _____

What test confirmed diagnosis? Phys Exam as there an autopsy? no

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) W. K. Love M. D.
(Address) Nevada, Mo.

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.

APR 30 1932

