

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

Do not use this space.

1. PLACE OF DEATH

56 County Lewis Registration District No. 479 File No. 9092
 Township Labelle Primary Registration District No. 4258 Registered No. _____
 City (No. 5643a) St. _____ Ward _____

2. FULL NAME

James Samuel Denny
 (a) Residence No. _____ 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 Male 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 23 1854

7. AGE YEARS 78 MONTHS 2 DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming
 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) Clark Co Mo

FATHER
 13. NAME Samuel Denny

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

MOTHER
 15. MAIDEN NAME Caroline Bell

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

17. INFORMANT (ADDRESS) Ma J. B. Denny Labelle Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Labelle Mo DATE 3-26-32

19. UNDERTAKER (ADDRESS) James T. ... Labelle Mo

20. FILED 326-1932 J. L. ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 24 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 18th, 1932, to Mar. 24, 1932. I last saw him alive on Mar 24, 1932. Death is said

to have occurred on the date stated above, at 11.0 a.m.

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

Tuberculosis of Lung
Probably same since
in 1931.
23A 23
132A

Other contributory causes of importance: Nephritis (1)

Name of operation _____ Date of _____
 What test confirmed diagnosis? Shipment Was there an autopsy? No

28. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No 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) A. N. ... M. D.
 (Address) Labelle Mo

APR 27 1932

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.

