WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

...very item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state ...E OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUL 27 1932

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

Do not use this space.

21753

1. PLACE OF DEATH

108 County Vernon — Registration District No. 875 — File No.

Township Washington — Primary Registration District No. 6162 — Registered No. 143

City ~~Nevada~~ (No. 4 , St. Ward)

2. FULL NAME Mrs. Ola May Denny

(a) Residence, No. R # 3 St., Ward Springfield, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 2 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 W. H. Denny

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) D. K. 1888

7. AGE: YEARS 44 — MONTHS [illegible] — DAYS [illegible] — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 16

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) Missouri 1

FATHER

13. NAME Wash Burr

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi 2

MOTHER

15. MAIDEN NAME Electra Aleshore

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

17. INFORMANT (ADDRESS) Husband

18. BURIAL, CREMATION, OR REMOVAL
PLACE Springfield, Mo. DATE June 15, 1932

19. UNDERTAKER (ADDRESS) Ferry Funeral Home Nevada, Mo.

20. FILED 7-7-1932 E. R. King Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 13, 1932 to June 13, 1932

I last saw her alive on June 12, 1932. Death is said to have occurred on the date stated above, at 3 A.m.

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

| | Date of onset |
|---|---|
| Suicide | June 12 1932 |
| Chest penetrated by many small wounds caused by sharp pointed scissors | |

Other contributory causes of importance:

(1) Depressed mental state — 3 yrs

(2) Pulmonary tuberculosis

168 (1)

Name of operation Date of

What test confirmed diagnosis? Inspection Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 6-12, 1932

Where did injury occur? Vernon County, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. State Hospital, Nevada, Mo.

Manner of injury Self-inflicted wounds

Nature of injury Chest penetrated by scissors

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) F M Grogan, Supt., M. D.

(Address) Nevada, Mo.