

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

Do not write in this space.

1. PLACE OF DEATH
 County Remick Registration District No. 60-1
 Township Steele Primary Registration District No. 6-8-63
 City Steele (No.) St. Ward)
 2. FULL NAME Grace Denton
 (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. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 23115
 Registered No. 708

AUG 5 1932

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Earl Denton</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>2-11-1911</u>		
7. AGE	YEARS	MONTHS
<u>21</u>	<u>4</u>	<u>25</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>House Keeper</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>335</u> (c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) <u>matadors</u> (STATE OR COUNTRY) <u>mo</u>		
10. NAME OF FATHER <u>w. w. wimberley</u>		
11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>mo</u> (STATE OR COUNTRY)		
12. MAIDEN NAME OF MOTHER <u>Ada May Ginn</u>		
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>matadors</u> (STATE OR COUNTRY) <u>mo</u>		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-6 1932

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., that I last saw him alive on 19....., and that death occurred, on the date stated above, at 7:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Allegria

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 1
 IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? DATE OF
 WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) J. W. Hollis, M. D.
 1932 (Address) Steele, mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Mountains Cem</u>	DATE OF BURIAL <u>7-6 1932</u>
20. UNDERTAKER <u>German mabe</u>	ADDRESS <u>Steele</u>

14. INFORMANT w. w. wimberley
 (Address) Canthonsville, mo.

15. FILED Aug 5 1932 Ada Martin
 REGISTRAR

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

MARGIN RESERVED FOR BINDING

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.

NO. 2.

