

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

Do not use this space.

File No. **41503**
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH
 46 County St. Louis Registration District No. 290
 2 Township Central Primary Registration District No. 6033
 7 City Clayton (No. 16877 Meramec Ave) St. _____ Ward _____
 2. FULL NAME Clyde Hardin Denny
 (a) Residence, No. 16877 Meramec Ave Ward _____
 (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. (If nonresident, give city or town and State)

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 Lillian Harris Denny
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 5 - 1869
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 63 6 14
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. Real Estate Man.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 154
 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 A. J. Denny
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
 15. MAIDEN NAME Anna E. Hardin
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky
 17. INFORMANT (ADDRESS) Mrs. Lillian Harris Denny 16877 Meramec Ave
 18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cnty DATE 12-22-32
 19. UNDERTAKER (ADDRESS) Louis H. Bupp Kirkwood
 20. FILED Dec 21 19 32 R. W. Sallerau Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 19 1932
 22. I HEREBY CERTIFY, That I attended deceased from December 17th 1932 to Dec 19th 1932
 I last saw h. or alive on Dec 19th 1932 Death is said to have occurred on the date stated above, at 11:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia Date of onset Dec 17
108 130 100
 Other contributory causes of importance:
Acute nephritis Dec 18th
 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? _____
 If so, specify _____
 (Signed) Henry G. Dierker, M. D.
 (Address) 1218 Adams St. Kirkwood

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

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 OCCUPATIONS very important.

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V. S. NO. 2

AUG 28 1950