

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

Do not use this space.
Dr. A. S. Anderson
File No. 15422

1. PLACE OF DEATH

39 County Greene Registration District No. 318
3 Township Springfield Mo. St. Johns Hospital Primary Registration District No. 300
5 City Springfield Mo. St. Johns Hospital Registered No. 186
St. _____ Ward _____

2. FULL NAME

Mrs. Mary Deneroux
(a) Residence, No. 225 W. Lynn 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James Deneroux (De)</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 17 1898</u>		
7. AGE	YEARS	MONTHS
	<u>84</u>	<u>3</u>
		DAYS
		<u>9</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Home</u>	
	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) <u>Wales</u>		
FATHER	13. NAME <u>John A. Sloyd</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wales</u>	
MOTHER	15. MAIDEN NAME <u>Jane Matthews</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wales</u>	
17. INFORMANT <u>Miss Mary Deneroux</u> (ADDRESS) <u>225 W. Lynn</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE <u>Replewood</u> DATE <u>Feb 28 1933</u>		
19. UNDERTAKER <u>Olma J. Meyer, Home</u> (ADDRESS) <u>Springfield, Mo.</u>		
20. FILED <u>2-26 1933</u> <u>Raeper, Registrar</u>		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 26 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1925 to Feb 26 1933
I last saw her alive on Feb 26 1933 Death is said to have occurred on the date stated above, at 10:15 p.m.
The principal cause of death and related causes of importance were as follows:
arterio sclerosis
8/A 1/1
at 1/1
Other contributory causes of importance:
subcor pulmonalis

Name of operation none Date of _____
What test confirmed diagnosis? Autopsy of valves 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? no
If so, specify _____
(Signed) A. Anderson M. D.
(Address) 200 Pershing Springfield, Mo.

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 OCCUPATION is very important.

