

MAY 22 1933

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

Do not use this space.

12300

1. PLACE OF DEATH
 County Barton Registration District No. 41
 Township Clark Primary Registration District No. 5062
 City Liberal (Rural) (No.) St. Ward)
 2. FULL NAME Oscar Lee Denny
 (a) Residence. No. St. Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

File No.
 Registered No.

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 Mrs. Stella Denny
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 4 1884
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
48 7 11
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work. Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer). own farm
 (c) Name of employer
 9. BIRTHPLACE (CITY OR TOWN) Hardin (STATE OR COUNTRY) Mo.
 10. NAME OF FATHER Oscar Denny
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Jacksonville (STATE OR COUNTRY) Ill.
 12. MAIDEN NAME OF MOTHER Rebecca Bowman
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Richmond (STATE OR COUNTRY) Va.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 15 1933
 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 1:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Suicide by hanging

CONTRIBUTORY (SECONDARY) 165 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH? DATE OF
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) G. F. Jonantz, Coroner M.D.
Apr 19 1933 (Address) Lamar, 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.

14. INFORMANT Mrs. Stella Denny (Address) Liberal Mo. (Rural)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Lanthe, Mo. DATE OF BURIAL Apr. 18 1933

15. FILED Apr 23 1933 F. K. Bell REGISTRAR

20. UNDERTAKER Berkey Funeral Service ADDRESS Liberal, Mo.

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.

