

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

Do not use this space.

12953

**1. PLACE OF DEATH**

County Greene Registration District No. 319 File No. \_\_\_\_\_  
 Townshp. Springfield Primary Registration District No. 2001 Registered No. 349  
 City Springfield (No. 2750, N. Summit St. \_\_\_\_\_ Ward) \_\_\_\_\_

**2. FULL NAME**

Mary Elizabeth Denton  
 (a) Residence, No. 2750-N. Summit 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. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jacob Denton  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-31-1872  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
60 5 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife  
 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) Carthage Tennessee

MOTHER FATHER 13. NAME William Oliver

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

MOTHER 15. MAIDEN NAME Cynthia Fick

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

17. INFORMANT Mrs. Jacob Denton (ADDRESS) 2750-N. Summit

18. BURIAL, CREMATION, OR REMOVAL PLACE Hartsville DATE April-25-1933

19. UNDERTAKER H. V. Smith (ADDRESS) 421-E-June

20. FILED 4-25-1933 Ralper W. Angerton Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from January 2, 1933, to April 22, 1933  
 I last saw him alive on April 21, 1933 Death is said to have occurred on the date stated above, at 5:20 a.m.

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

Endocarditis acute  
11/15  
9/14 following

Other contributory causes of importance:  
Influenza Nov 1, 32

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? No 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) James B. Clark, M. D.  
 (Address) 601 N. Jefferson

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.

MAY 22 1933

2035

29 29 31

J. B. Day

