

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

Do not use this space.

34082

**1. PLACE OF DEATH**

81 County Phelps Registration District No. 678  
Township Meramec Primary Registration District No. 5906  
City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

**2. FULL NAME**

Elvira F. Denoon  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 42 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Arlene Denoon  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-27-1845  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
87 11 22  
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) 11-1925 11. Total time (years) spent in this occupation. 60

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-19, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 17, 1933, to Oct 19, 1933

I last saw him alive on Oct 19, 1933. Death is said

to have occurred on the date stated above, at 2:45 P.M.

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

Ruptured Gall Bladder Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

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 \_\_\_\_\_, 1933

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) C. H. Hulme, M. D.  
(Address) St. James Mo

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan Co Ind  
13. NAME Abraham Rich  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan Co Ind  
15. MAIDEN NAME Louise Hepp  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Parance Co Ind  
17. INFORMANT A. J. Denoon (ADDRESS) Sullivan Mo  
18. BURIAL, CREMATION, OR REMOVAL  
PLACE asher DATE 10-21, 1933  
19. UNDERTAKER W. H. Hulme (ADDRESS) St. James Mo  
20. FILED 10-20, 1933 Henry H. Walters Registrar.

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.

NOV 10 1933

Every item of information should be carefully supplied. **DEATH** is plain. **PHYSICIANS** should state

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Phelps  
Township Metamora  
City                      (No.                     )

Registration District No. 678  
Primary Registration District No. 5906

File No. 34082  
Registered No.                       
St.                      Ward                     

**2. FULL NAME**

Elvira F. Denoon

(a) Residence, No.                      St.                      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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F    4. COLOR OR RACE W    5. SINGLE, MARRIED, WIDOWED, OR DIVORCED W (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF                     

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)                     

7. AGE    YEARS    MONTHS    DAYS    If LESS than 1 day,    hrs.    or    min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.                     

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)                     

13. NAME                     

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

15. MAIDEN NAME                     

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

17. INFORMANT (ADDRESS)                     

18. BURIAL, CREMATION, OR REMOVAL PLACE                      DATE                      19                     

19. UNDERTAKER (ADDRESS)                     

20. FILED 5-15 1934 Henry F. Walters Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 19 1933

22. I HEREBY CERTIFY, That I attended deceased from                      to                     , 19                    .  
I last saw h.                      alive on                     , 19                    . Death is said to have occurred on the date stated above, at                      m.

The principal cause of death and related causes of importance were as follows: Ruptured Gall Bladder (Date of onset                     )

Other contributory causes of importance: My opinion is that it was malignant

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) O. H. Sulbight M.D.  
(Address) St. James, Mo.

SUPPLEMENTARY

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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