

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

Do not use this space.

677

**1. PLACE OF DEATH**

County Greene  
Township Buffalo  
City Cassville (No. .... St. .... Ward)

Registration District No. 283  
Primary Registration District No. 5402

File No. ....  
Registered No. ....

**2. FULL NAME**

Eloa Virginia Denton

(a) Residence, No. .... St. .... Ward. (If nonresident, give city or town and State)  
(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 7 - 1933</u>		
7. AGE	YEARS <u>1</u>	MONTHS <u>6</u>
	DAYS <u>11</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>✓</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>Mo.</u>		
FATHER	13. NAME <u>unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME <u>Virgie Denton</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
17. INFORMANT <u>Henry Leary</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cadmus</u> DATE <u>1/13</u>		
19. UNDERTAKER <u>Howard Anderson</u> (ADDRESS) <u>Cadmus</u>		
20. FILED <u>2-9</u> , 19 <u>34</u> <u>Eli Back</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-12-34

22. I HEREBY CERTIFY, That I attended deceased from 1-12-34, 19... to 1-12-34, 19...  
I last saw her alive on 1-12-34, 19... Death is said to have occurred on the date stated above at 3:30 p.m.  
The principal cause of death and related causes of importance were as follows:  
Bronchial Pneumonia Date of onset

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

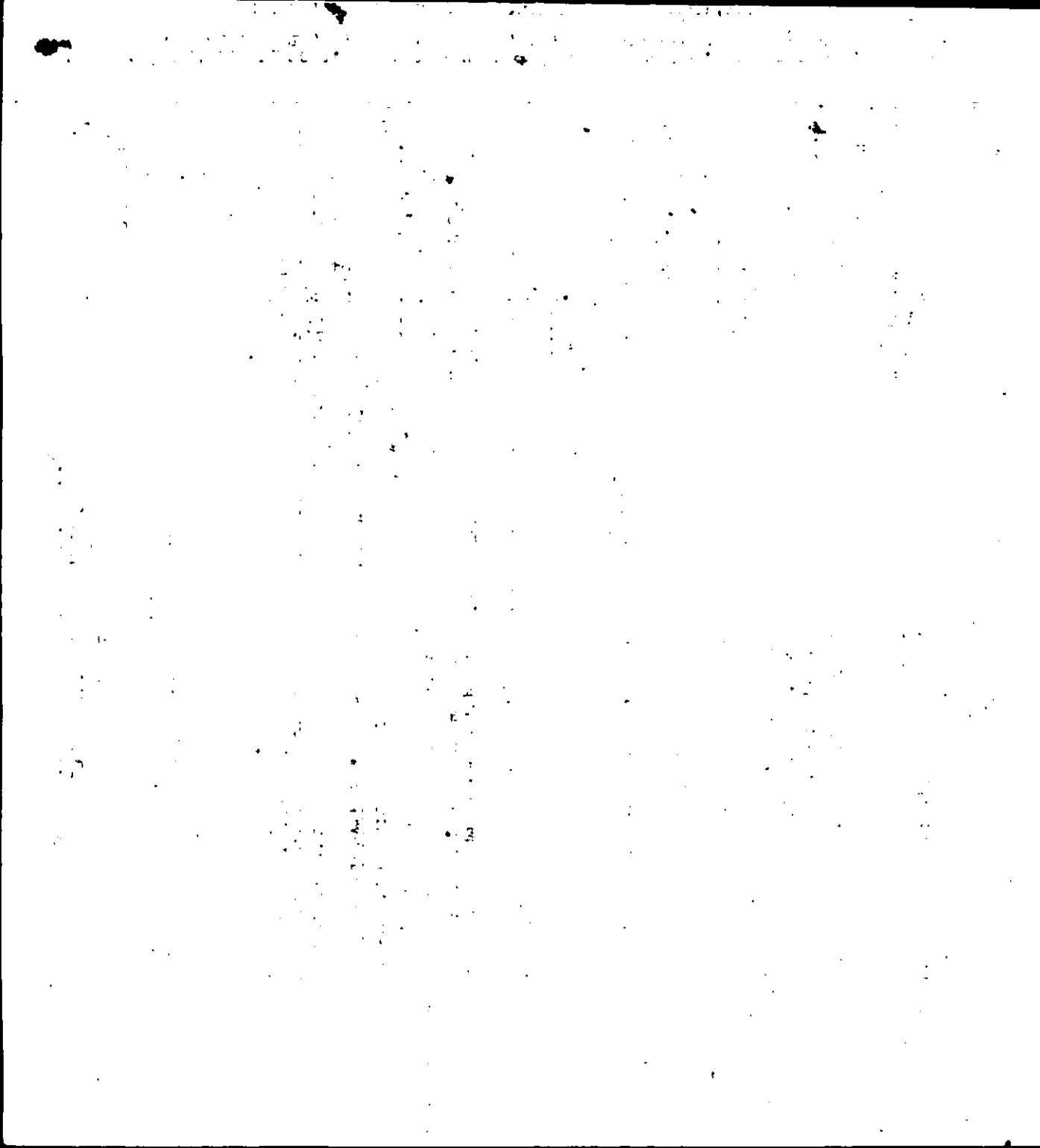
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ✓ Date of injury 1-12-34, 19...  
Where did injury occur? (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓  
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? 728  
If so, specify D. J. Dumping, M. D.  
(Signed) E. J. Back  
(Address) Cassville 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.



*Dunklin*

WASHINGTON

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Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: *Ebecca Virginia Denton*  
Who died at \_\_\_\_\_ on *Jan 12-1934*  
Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Sex *F* Color or race *W* Single, married, widowed or divorced: \_\_\_\_\_

Date of birth \_\_\_\_\_ Age: Years *1* Months *6* Days *11*

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month \_\_\_\_\_ Year \_\_\_\_\_

Birthplace (State or country) *Broncho pneumonia*

Birthplace of father (State or country) *OK*

Birthplace of mother (State or country) *Missouri*

Principal cause of death: *Bronchial pneumonia*  
*Patent did not have any previous disease*

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

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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 \_\_\_\_\_

Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

Name of physician \_\_\_\_\_

Address of physician \_\_\_\_\_

Signature of Registrar *McGraw* Date filed \_\_\_\_\_

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

Reg. Dist. No. 283

*E. T. McLaugh M.D.*

Primary Reg. Dist. No. 5400

Special Agent.

*2c*

UNITED STATES DEPARTMENT OF COMMERCE  
BUREAU OF ECONOMIC ANALYSIS  
WASHINGTON, D. C. 20540

DATE: \_\_\_\_\_

TO: \_\_\_\_\_

FROM: \_\_\_\_\_

SUBJECT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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