

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

Do not use this space.

9061

APR 25 1934

1. PLACE OF DEATH

Country Jackson Registration District No. 388
Township Benton Primary Registration District No. 1000
City N.E. Mo (No. 3800 Benton)

File No. _____
Registered No. 1258
St. _____ Ward) _____

2. FULL NAME

Ella A. Denton

(a) Residence, No. 3800 Benton St., _____ Ward. _____

(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 Fe 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-1-1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
59 10 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Brooklyn N.Y.

13. NAME Edward Looney

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

15. MAIDEN NAME Winifred Norton

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

17. INFORMANT Howard J. Denton
(ADDRESS) 3800 Benton, N.E. Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood - DATE Feb, 21-34

19. UNDERTAKER Max C. L. Foster
(ADDRESS) 918 Broadway Ave

20. FILED Feb 20 1934 M. M. Grobe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 19, 1934, to Mar 19, 1934

I last saw him alive on Mar 19, 1934 Death is said to have occurred on the date stated above, at 1 A.M.

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

Myocarditic - Acute Date of onset _____
93A
959

Other contributory causes of importance _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

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) C. G. E. D. M. D.
(Address) Wesley Hospital, N.E. 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.

WHICH OWNING INK—THIS IS A PERMANENT RECORD

23
50 20 30

