

MAY 25 1934

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

Do not use this space.

12422-A

1. PLACE OF DEATH

County DouglasRegistration District No. 281Township WashingtonPrimary Registration District No. 5408City Anna (No. St. Ward)

File No.

Registered No.

2. FULL NAME Vina Denney

(a) Residence, No. 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.

yrs.

mos.

ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Denney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-29-1871

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
60 3 8

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

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) Anna Mo.13. NAME Andrew Howard

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

15. MAIDEN NAME Quinn Denney16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.17. INFORMANT (ADDRESS) Fred Payne

18. BURIAL, CREMATION, OR REMOVAL

PLACE Anna DATE 4-8-34 193419. UNDERTAKER (ADDRESS) Neighbors20. FILED 4-15 1934 G. B. Stak Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-6 193222. I HEREBY CERTIFY, That I attended deceased from May 1927, to May 1932I last saw her alive on apr 25, 1932 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:

Diabetes Mellitus Dist. Lung Date of onset

Other contributory causes of importance:

ArteriosclerosisName of operation direct Diag. Date of.....What test confirmed diagnosis? Diag. 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? sw

If so, specify

(Signed) R. M. Norman M. D.(Address) Anna 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.

