

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

Do not use this space.

1. PLACE OF DEATH

County Jasper Registration District No. 408
Township Carthage Primary Registration District No. 3020
City Carthage (No. _____) St. _____ Ward _____

File No. 25047
Registered No. _____

2. FULL NAME

Thomas Warren Denney
(a) Residence, No. 733 Olive St. St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Elizabeth C. Fullerton
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 29th 1851
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
82 10 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming & Mining
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) Morgan Ohio

13. NAME John Denney

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

15. MAIDEN NAME Susan Early wife

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

17. INFORMANT Clerg Denney son (ADDRESS) London Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Dardman Cemetery DATE 7/17 1934

19. UNDERTAKER Walker - D. Walker (ADDRESS) Carthage Mo.

20. FILED July 15 1934 S. B. Colinton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15th 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1 1934 to July 15 1934
I last saw him alive on July 13 1934. Death is said to have occurred on the date stated above, at 4:45 P.M.

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

General Arterio-sclerosis followed by uraemia Date of onset July 1 1934

Other contributory causes of importance:

Name of operation no Date of _____
What test confirmed diagnosis? Gen. physical Are an autopsy? no

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) H. A. LaFare, M. D.
(Address) Carthage 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.

AUG 4 1934

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