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 13 1934

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

Do not use this space.

1. PLACE OF DEATH
County Linn — Registration District No. 5-06 — File No. 25375
Township Baker — Primary Registration District No. 5-671 — Registered No.
City St Catherine (No. ..... St. ..... Ward)

2. FULL NAME Ellis Leroy Denny
(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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 12 1932
7. AGE YEARS 2 MONTHS 3 DAYS 22 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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) MO

FATHER
13. NAME Loss Denny
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

MOTHER
15. MAIDEN NAME Rubby Bailey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

17. INFORMANT Loss Denny (ADDRESS) St Catherine
18. BURIAL, CREMATION, OR REMOVAL
PLACE North Salem DATE July 6 1934
19. UNDERTAKER (ADDRESS) W H McCollum South Gifford
20. FILED 7/11 1934 J. L. Davis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4 1934
22. I HEREBY CERTIFY, That I attended deceased from June 30, 1934 to July 3, 1934.
I last saw him alive on July 3, 1934. Death is said to have occurred on the date stated above, at 6-30 p.m.
The principal cause of death and related causes of importance were as follows:

Acute Ileo-Colitis, 130 B — Date of onset 6/26/34

130 B

Other contributory causes of importance

Name of operation no Date of
What test confirmed diagnosis? Casual Method 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? no
If so, specify
(Signed) Ross R Haley, M. D.
(Address) Brookfield Mo

100M-11-24-33