

SEP 25 1934

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

Do not use this space.

30706

1. PLACE OF DEATH

County St. LouisRegistration District No. 790Township CentralPrimary Registration District No. 6033^eCity Clayton(No. St. Louis Co., Hospital)

File No. _____

Registered No. 293

St. _____ Ward _____

2. FULL NAME Nelson V. Denton(a) Residence, No. 1416a Ohio Ave
(Usual place of abode)

St. _____ Ward _____

St. Louis

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
Single6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9/27/1907

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
<u>26</u>	<u>11</u>	<u>0</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed

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) Virginia13. NAME John Denton14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia15. MAIDEN NAME Minnie Davis16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana17. INFORMANT Minnie Denton
(ADDRESS) 1416a Ohio Ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE Cabany DATE 8/29 193419. UNDERTAKER Robert J. Cawley, Inc.
(ADDRESS) 6633 Clayton Rd20. FILED 8/28 1934 John J. Cawley
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 27th, 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h..... alive on _____, 19____. Death is said

to have occurred on the date stated above, at 7:30 A.M.

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

Shot by officer H. Meyers, in an attempted hold-up of filling station.

Date of onset

Other contributory causes of importance:

Gunshot wounds of the head, neck and left side of the abdomen.Name of operation over Date of _____What test confirmed diagnosis? autopsy. Was there an autopsy? YES.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? homicide Date of injury 8/27 1934Where did injury occur? filling stationMaplewood, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury public place.Nature of injury see reverse side.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify see reverse side 8/28/34(Signed) Luke D. Quinn(Address) 3718 Jennings StCoroner St. Louis, 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.

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Multiple comminuted fractures and linear fractures throughout the skull as result of gunshot wounds. Laceration of the brain as result of gunshot wounds. Fractured transverse process of the 4th cervical vertebrae. Chr. pleural adhesions. Left kidney absent resulting from previous nephrectomy.

Secondary; Fractured skull, laceration of brain and shock, as a result of multiple gunshot wounds.

This accident happened at Maplewood, St. Louis County. Taken to St. Louis County hospital, where he died an hour later.

Verdict of Jury: Deceased came to his death in a filling station robbery, and render a verdict of justifiable homicide, and highly commend Officer Meyer's for his faithful performance of his duty.