

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

Do not use this space.

OCT 15 1934

45
1. PLACE OF DEATH
County Howard, Registration District No. 878
Township _____ Primary Registration District No. 4222
City Fayette, (No. _____) St. _____ Ward _____

✓
File No. 32638
Registered No. 65

2. FULL NAME Joseph Benjamin Dennenny
(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. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1/22/1872
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
62 7 21

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/13/1934
22. I HEREBY CERTIFY, That I attended deceased from August 28, 1934 to 9-13, 1934
I last saw him alive on 9-13, 1934. Death is said to have occurred on the date stated above, at 2:00 A. M.
The principal cause of death and related causes of importance were as follows:

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

Gastric hemorrhage 9-11-34
1180
1102 ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
13. NAME John Dennenny
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland.
15. MAIDEN NAME Mary Burk.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland.

Other contributory causes of importance:
Hypertension 1927
Name of operation none Date of _____
What test confirmed diagnosis? hemorrhage Was there an autopsy? no

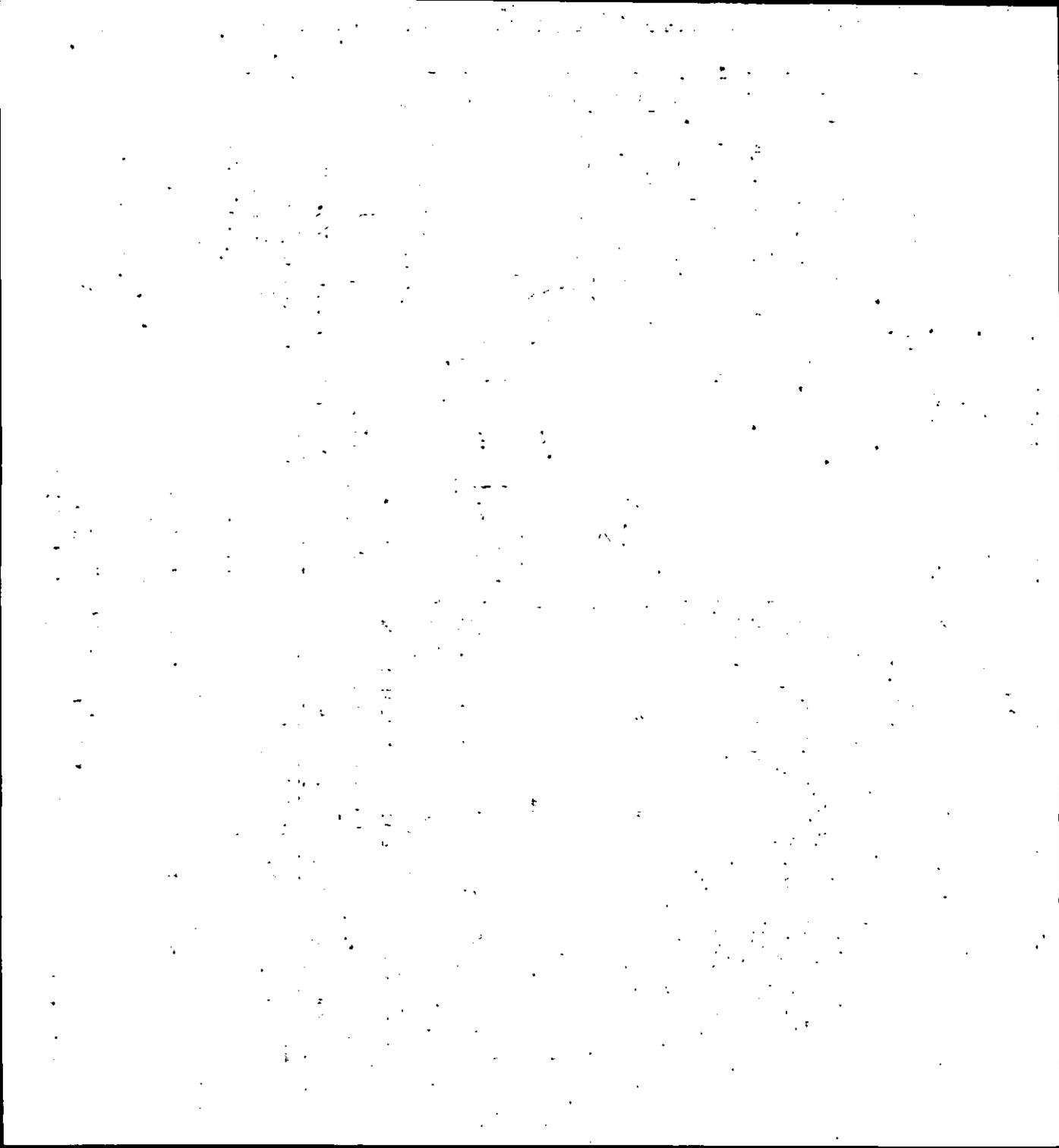
17. INFORMANT James R. Dennenny.
(ADDRESS) Fayette.
18. BURIAL, CREMATION/ OR REMOVAL PLACE Walnut Ridge. DATE 9/15/34

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 _____

19. UNDERTAKER Guy T. Halloy.
(ADDRESS) Fayette, MO.
20. FILED Oct. 6 1934 V. O. Bonham
Registrar.

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) J. Shaw, M. D.
(Address) Fayette, 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.



**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Howeard
Township Fayette
City Fayette (No. _____ St. _____ Ward)

Registration District No. 378
Primary Registration District No. 4222

File No. _____
Registered No. 68

2. FULL NAME

Joseph Benjamin Wernemey
(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. 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) m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE YEARS MONTHS DAYS If LESS than 1 day. hrs. or min.
62 7 21

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) _____

13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL _____

PLACE _____ DATE _____ 19____

19. UNDERTAKER (ADDRESS) _____

20. FILED Oct. 6 1934 R. C. Bonham
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 13 1934

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

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the _____ at _____ m.

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

Gastrectomy Date of onset _____
Cause unknown
Sudden death
Sick about 4 hours
Other contributory causes of importance:
Hypertension

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) _____, M. D.
(Address) _____

SUPPLEMENTARY

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-32638

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