

NOV 15 1934

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

Do not use this space.

36541

1. PLACE OF DEATH

County Lewis
Township Dickerson
City ~~Monticello~~ (No. _____)

Registration District No. 477
Primary Registration District No. 5646

File No. _____
Registered No. 54
St. _____ Ward _____

2. FULL NAME

(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 <u>Female</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 16 - 1934</u> | | |
| 7. AGE | YEARS | MONTHS |
| | <u>2</u> | <u>22</u> |
| | If LESS than 1 day, _____ hrs. or _____ min. | |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>Infant</u> | 11. Total time (years) spent in this occupation _____ |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lewis Co. Mo.</u> | | |
| FATHER | 13. NAME <u>Joseph M. Denniston</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lewis Co. Mo.</u> | |
| MOTHER | 15. MAIDEN NAME <u>Ruby Tucker</u> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clark, Co. Mo.</u> | |
| 17. INFORMANT (ADDRESS) <u>Joseph M. Denniston</u> <u>Monticello, Mo.</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Forest Lawn Center</u> DATE <u>Oct. 9, 1934</u> | | |
| 19. UNDERTAKER (ADDRESS) <u>F. W. Kelly</u> <u>Clinton, Mo.</u> | | |
| 20. FILED <u>10-18, 1934</u> <u>H. W. Harris</u> Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 6, 1934 to Oct. 8, 1934
I last saw her alive on Oct. 7, 1934 Death is said to have occurred on the date stated above, at 1:45 p.m.
The principal cause of death and related causes of importance were as follows:
Enterocolitis
Date of onset: 1195

Other contributory causes of importance: HAR

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) P. W. Jennings, M. D.
(Address) Clinton, Mo.

WRITE PLAINLY, WITH OBRUSIVE INK

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.

