

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.

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

Do not use this space.

FEB 20 1935

467

1. PLACE OF DEATH

County Cassell Registration District No. 185 File No. \_\_\_\_\_  
Township Cassellton Primary Registration District No. 5188 Registered No. 10  
City Cassellton (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Martin Denger

(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>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Rachel Beck</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 3, 1858</u>		
7. AGE	YEARS <u>76</u>	MONTHS <u>9</u>
	DAYS <u>21</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>farmer</u>	
	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	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Columbia Ill</u>	
	13. NAME <u>George Denger</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	15. MAIDEN NAME <u>unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	17. INFORMANT <u>Clarence Denger</u> (ADDRESS)	
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	<u>Oak Hill</u>	DATE <u>Jan 25, 1935</u>
19. UNDERTAKER <u>Standley</u> (ADDRESS) <u>Cassellton, Mo</u>		
20. FILED <u>1-23</u> 19 <u>35</u> <u>Path Hoskins</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 22, 1935

22. I HEREBY CERTIFY That I attended deceased from Jan. 21, 1935 to Jan 21, 1935.  
I first saw him alive on Jan 21, 1935. Death is said to have occurred on the date stated above, at 8:00 A.M.  
The principal cause of death and related causes of importance were as follows:  
mitral insufficiency Date of onset \_\_\_\_\_

Other contributory causes of importance:  
none

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? no  
If so, specify \_\_\_\_\_  
(Signed) R. Hamilton Stators, M. D.  
(Address) Cassellton, Mo

