

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

Do not use this space.

7876

1. PLACE OF DEATH ^{APR 29 1935}

County Washington Registration District No. 886
Township Concord Primary Registration District No. 6177
City..... (No.....) St..... Ward.....

File No.....
Registered No.....

2. FULL NAME Mary Elizabeth Denton
(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 T 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-16-1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 11 17

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

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) Prosser, Mo.

13. NAME John Coleman

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

15. MAIDEN NAME Ann K. Denton

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

17. INFORMANT (ADDRESS) George Denton

18. BURIAL, CREMATION, OR REMOVAL PLACE Brunswick DATE 2-5 1935

19. UNDERTAKER (ADDRESS)

20. FILED 2-4 1935 J.P. Gearhart Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-3 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-25 1934 to 2-3 1935
I last saw him alive on 2-3 1935. Death is said

to have occurred on the date stated above, at 2 P. m.

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

Robur pneumonia Date of onset

Other contributory causes of importance:

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) J.P. Gearhart, M. D.
(Address) Prosser, 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.

