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

APR 17 1935

Do not use this space.

1. PLACE OF DEATH
County Adair — Registration District No. 3 — File No. 7935
Township Wilson — Primary Registration District No. 5004 — Registered No.
City Gibbs (No. , St. Ward)

2. FULL NAME Leander Denton
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15th 1858
7. AGE YEARS 76 MONTHS 10 DAYS 15 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
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) Gibbs Mo.

FATHER
13. NAME Tomas H Denton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

MOTHER
15. MAIDEN NAME Ebby Miller
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

17. INFORMANT (ADDRESS) Arlie L Reed. Gibbs Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Gibbs Mo DATE April 2 1935
19. UNDERTAKER (ADDRESS) D S Christie LaPlata Mo
20. FILED Apr. 5, 1935 M. C. Duff Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 30 1935
22. I HEREBY CERTIFY, That I attended deceased from Jan 3 1934 to Mch 30 1935
I last saw him alive on Mch. 24 1935. Death is said to have occurred on the date stated above, at 8 P m.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis.
Chronic Nephritis
Date of onset
131
Other contributory causes of importance: areterioscerosis
Name of operation none 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 none
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) H. O. Newton, M. D.
(Address) LaPlata Mo.