JUN 12 1935

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

Do not use this space.

791
1003

17989

1. PLACE OF DEATH

County ....
Registration District No. ....
File No. ....

Township ..... St Louis
Primary Registration District No. 1003
Registered No. 4309

City St Louis (No. 2323 S Compton. .... St. .... Ward)

2. FULL NAME Ida C Denny

(a) Residence, No. 2323 S Compton St., 17 Ward.
(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.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March-7-1880

7. AGE
YEARS 55
MONTHS 2
DAYS 6
If LESS than 1 day, ... hrs. or ..... min.

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

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) Bloomfield Mo

13. NAME George Bobbitt

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

15. MAIDEN NAME Nancy Lewis

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

17. INFORMANT Robert Denny
(ADDRESS) 2323 S Compton Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bloomfield Mo DATE May-15 38

19. UNDERTAKER Albert H Hoppe Sr
(ADDRESS) 429 N ..... (Bredeck)

20. FILED MAY 13 1935, 19 ..... J Bredeck
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13 1935

22. I HEREBY CERTIFY, That I attended deceased from May 8 1935, to May 13 1935

I last saw her alive on May 13 1935 Death is said to have occurred on the date stated above, at L.M.A. m.

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

Date of onset

Myocarditis-chronic — don't know

93C

Other contributory causes of importance

Arteriosclerosis — don't know

Name of operation None Date of ....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No 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) Chester J Joe , M.D.

(Address) 1506 Hodiamont, St. Louis, Mo.