

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.

JUL 19 1935

1. PLACE OF DEATH

County *Cole*

Registration District No. *213*

Township

Primary Registration District No. *3014*

City *Jefferson City Mo* (No. _____)

File No. *19267*
Registered No. *204*
St. _____ Ward _____

2. FULL NAME

Fanny Denny

(a) Residence, No. *578 Cherry* 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 *Female* 4. COLOR OR RACE *negro* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) *Widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *alex denny*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *5-2-55*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 1 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *janitor*
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) *Columbia Boone Co. Mo.*

FATHER 13. NAME *unknown*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unknown*

MOTHER 15. MAIDEN NAME *unknown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unknown*

17. INFORMANT (*Address*) *Rec'd at Community Center of Boone Co. Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *New City Cemetery* DATE *6-15-35* 1935

19. UNDERTAKER (*Address*) *L. D. Hardiman*

20. FILED *6/27/35* *Dr. Bedford M. D.* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 12, 1935*

22. I HEREBY CERTIFY that I attended deceased from *June 8, 1935* to *June 12, 1935*.
I last saw her alive on *June 11, 1935* Death is said to have occurred on the date stated above, at *11:30 a.m.*

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

*Decompensation
Heart
cerebral hemorrhage
arteriosclerosis*

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? *no*

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) *J. B. Bures* M. D.
(Address) *Jefferson City Mo.*

STATE OF MISSOURI, WITH UNFADING INK—THIS IS A PERMANENT RECORD

