

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

Do not use this space.

31760

1. PLACE OF DEATH

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7

County Andrew Registration District No. 26
Township Bellevue Primary Registration District No. 3002
City Mexico, Mo. (No. _____) St. _____ Ward _____

File No. _____
Registered No. 145

2. FULL NAME

James Franklin Denton (James Franklin Denton)

(a) Residence, No. 710 W. Love 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 Male 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 Margaret Denton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 10 - 1862

7. AGE YEARS 73 MONTHS 1 DAYS 28 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bridge Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rail-Road
10. Date deceased last worked at this occupation (month and year) about 3 yrs. 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison County, Mo.

FATHER 13. NAME Unknown

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Melina Schaefer

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) B. Denton
Mexico, Mo.

18. BURIAL, CREMATION, OR REMOVAL. None
PLACE Chenwood, Mexico DATE Oct. 9, 1935

19. UNDERTAKER (ADDRESS) H. A. Pugh & Son
Mexico, Mo.

20. FILED Oct 8 1935 Blanche Neely
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10 - 8 - 1935

22. I HEREBY CERTIFY, That I attended deceased from 10 - 2, 1935, to 10 - 8, 1935

I last saw him alive on 10 - 8 - 1935. Death is said to have occurred on the date stated above, at 11 A. m.

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

Hypostatic pneumonia following terminal myocarditis

Other contributory causes of importance:

Hypertension
Nephritis (Chronic)

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? _____ 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) Grant Kelley, M. D.
Mexico, Mo.

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.

