

MAR 20 1936

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

Do not use this space.

6398

1. PLACE OF DEATH

County Jasper Registration District No. 408 File No. _____
Township _____ Primary Registration District No. 3020 Registered No. _____
City Garthage - McBurnie - Brooks Hospital St. _____ Ward) _____

2. FULL NAME Homer E. Dennis

(a) Residence, No. La Russell, Mo. St. Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 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 Madge Dennis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 21, 1893

7. AGE YEARS 42 MONTHS 8 DAYS 7 If LESS than 1 day, hrs. or min.

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

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) Hunston
(STATE OR COUNTRY) Iowa

13. NAME Edmer E. Dennis

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

15. MAIDEN NAME Lora E. Perry

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

17. INFORMANT Mrs. Madge Dennis
(ADDRESS) La Russell, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Graves, Iowa DATE Feb. 29, 1936

19. UNDERTAKER Knell Mortuary
(ADDRESS) Garthage, Missouri

20. FILED Feb. 29, 1936 S. B. Clinton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 11, 1935 to Feb 28, 1936

I last saw him alive on Feb 27, 1936 Death is said

to have occurred on the date stated above, at 8:10 A.M.

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

Myocarditis, subacute Date of onset 12/11/36
Chronic nephritis

Other contributory causes of importance:

peryopermal - fac. dyscardia
with left bundle branch
block.

Name of operation none Date _____
What test confirmed diagnosis? Electrocardiogram 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? h (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) George H. Wood, M. D.

(Address) Garthage 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.

