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.

SEP 18 1936

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

Do not use this space.

25666

1. PLACE OF DEATH

County Butler — Registration District No. 89

~~Township Poplar Bluff~~ — Primary Registration District No. 3097

City Poplar Bluff, Mo. (No. Brandon Hospital St. Ward)

File No. — Registered No. 183

2. FULL NAME John William Denton

(a) Residence, No. Essex, Missouri 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 26/19-1

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
25	8	25	

OCCUPATION

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

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) Blodgett, Missouri.

FATHER

13. NAME Ozias Denton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayne County Illinois

MOTHER

15. MAIDEN NAME ~~Sarah Taylor~~

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bertrand, Missouri.

17. INFORMANT Ozias Denton
(ADDRESS) Essex, Mo.

18. BURIAL, CREMATION, OR REMOVAL Essex Cem.
PLACE Essex Mo. DATE 7/23/36 19

19. UNDERTAKER Frank Und Co.
(ADDRESS) Poplar Bluff, Mo.

20. FILED 8/2 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-21 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5:50 P. m.

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

	Date of onset
Skull fracture	
internal injuries	7/21/36

Other contributory causes of importance:

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? Accident Date of injury 7-21, 1936

Where did injury occur? Near Bertrand Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. in car

Manner of injury Car turned over

Nature of injury Skull fracture

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] M. D.

(Address) Poplar Bluff