

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

Do not use this space. 7

OCT 21 1936

33509

1. PLACE OF DEATH

County Wright  
Township Wood  
City (No. ) St. Ward

Registration District No. 908  
Primary Registration District No. 6223

File No. 33509  
Registered No. 47

2. FULL NAME

Ella Sue Dennis

(a) Residence, No. St. Ward. (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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) X

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 23 1936

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

22. I HEREBY CERTIFY, That I attended deceased from No Physician 19... to... 19... I last saw him... alive on... 19... Death is said to have occurred on the date stated above, at 10 P.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 5 1936

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 18

Date of onset

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

died suddenly  
Trouble seemed to be from Stomach  
Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Willow Springs Mo.

13. NAME O. M. Dennis

Name of operation Date of... What test confirmed diagnosis? Was there an autopsy?

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

15. MAIDEN NAME Katie Ledbetter

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)

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

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

17. INFORMANT O. M. Dennis (ADDRESS)

Manner of injury Nature of injury

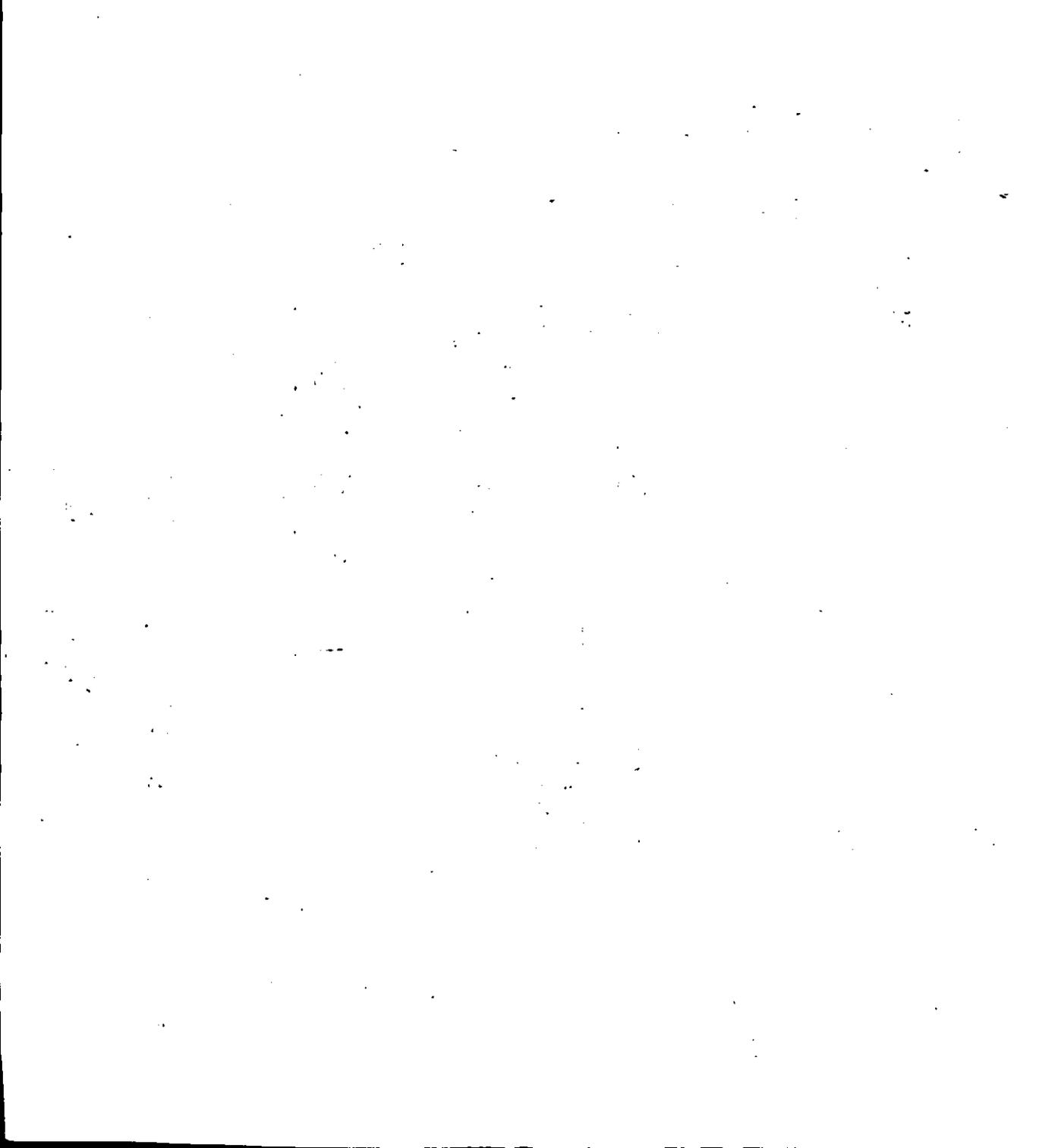
18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove DATE 8/24 1936

19. UNDERTAKER None (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) O. M. Dennis Father

20. FILED 9-10-36 Wright Montgomery (Address) Wright Grove, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



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33509 -

**1. PLACE OF DEATH**

County Wright  
Township.....  
City..... (No. ....) St. .... Ward)

Registration District No. 908  
Primary Registration District No. 6223

File No.....  
Registered No. 47 - St. .... Ward)

**2. FULL NAME** Ella Sue Dennis

(a) Residence, No. .... 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 7 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 18

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

FATHER  
13. NAME

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

MOTHER  
15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE ..... DATE ..... 19.....

19. UNDERTAKER (ADDRESS)

20. FILED 12-22-36 Berice Montgomery Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 23 1934

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 ..... m.

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

Died suddenly -

No further history or information

Other contributory causes of importance:

Date of onset

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

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 2000  
Nature of injury Per

24. Was disease or injury in any way related to occupation of deceased? .....  
If so, specify Berice Montgomery Registrar

(Signed) Berice Montgomery, M. D.

(Address) New York, N.Y.

S-33509