

DEC 4 1936

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

Do not use this space.

38748

1. PLACE OF DEATH

County KandoeplRegistration District No. 733

File No.

Township HuntsvillePrimary Registration District No. 4438

Registered No.

City Huntsville (No.) St. Ward)2. FULL NAME John Denny

(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 Male4. COLOR OR RACE Negro5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chloria Denny6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 5, 1864

7. AGE

YEARS 72MONTHS 4DAYS 15

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Coal9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. miner

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) Howard Co13. NAME Jury Denny14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co15. MAIDEN NAME Lettie Harvey16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co17. INFORMANT Chloria Denny(ADDRESS) Huntsville Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Huntsville DATE Oct 19, 193619. UNDERTAKER Tom B. Patton(ADDRESS) Huntsville Mo20. FILED Nov-10- 1936 Mrs. D. A. Barunkauf

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 19, 193622. HEREBY CERTIFY, That I attended deceased from Jan, 1936 to Oct 17, 1936I last saw him alive on Oct 16, 1936 Death is saidto have occurred on the date stated above, at 2 P. m.

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

leucemia of StomachDate of onset Apr 1936

Other contributory causes of importance:

Prostatic enlargementName 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 ✓, 1936Where 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) H. G. Pragg, M. D.(Address) Huntsville

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.

