JAN 22 1937

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

Do not use this space.

1. PLACE OF DEATH
County Pemiscot
Township Little River
City Wardell (No. ..... St. ..... Ward)

Registration District No. 1099
Primary Registration District No. 5868

File No. 45719
Registered No. .....

2. FULL NAME Wright H. Denton
(a) Residence, No. None 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~~ Rosa Denton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April-9-1880

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
56	8	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Professional
10. Date deceased last worked at this occupation (month and year) 11-10-36
11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union City Tennessee

FATHER
13. NAME J. D. Denton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

MOTHER
15. MAIDEN NAME Maggie Dudney
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT (ADDRESS) Mrs Rosa Denton Wardell, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cantherville, Mo. DATE Dec-31 1936

19. UNDERTAKER (ADDRESS) Lo Forge Undertaking Co., Cantherville, Mo.

20. FILED Dec. 31 1936 Ada Martin Registrar.
1-11-37 J. L. Creamy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 29th 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10th 1936, to Dec 29th 1936.
I last saw him alive on Dec 29th 1936 Death is said to have occurred on the date stated above, at 8:45 P.m.
The principal cause of death and related causes of importance were as follows:

Cardiac asthma — Date of onset 11/10-36

Other contributory causes of importance None

Name of operation None Date of .....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury .....
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? .....
If so, specify .....
(Signed) L. D. Denton, M. D.
(Address) Braggadocio, 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.