

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

Do not use this space.

JUN 18 1937

10904

1. PLACE OF DEATH

County Dent

Registration District No. 266

File No. \_\_\_\_\_

Township \_\_\_\_\_

Primary Registration District No. 4164

Registered No. 32

City Salem

(No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Floyd Denney

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13th 1937

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

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1937, to May 13, 1937

I last saw him alive on May 13, 1937. Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 11th 1902

to have occurred on the date stated above, at 11p. m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
35 3 2

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

Paraplegia Date of onset 5/13/37

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

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 \_\_\_\_\_

Other contributory causes of importance: Hypertension, Arterio sclerosis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Keenville Mo.

FATHER 13. NAME Zack Denney

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical Was there an autopsy? no

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

MOTHER 15. MAIDEN NAME Sarah Gilmore

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wright Co. Missouri

17. INFORMANT Zack Denney (ADDRESS) Viburnum Mo.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE Viburnum Cem DATE May 16th, 1937

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

19. UNDERTAKER Carl K. Spencer (ADDRESS) Salem Mo.

(Signed) B. E. Joseph M. D.

20. FILED 5/14 / 1937 H. E. Ruddle, No. 125 Registrar.

(Address) Salem Mo.

OCCUPATION OF DECEASED IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

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**MISSOURI STATE BOARD OF HEALTH  
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Dent Registration District No. 266 File No. 19904  
 Township..... Primary Registration District No. 4164 Registered No.....  
 City Salem (No. ....) St. .... Ward)

**2. FULL NAME**

Floyd Denney St. .... Ward.....  
 (a) Residence, No. ....  
 (Usual place of abode)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
35 3 2

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED May 15 1937 F. E. Smith md Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 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:

Infarction of the brain  
Cerebral Hemorrhage

Date of onset

May 13/1937

Other contributory causes of importance:

*22a1*

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

Nature of injury

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

If so, specify

(Signed) D. E. Joseph M. D.

(Address) Salem mo

SUPPLEMENTARY

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