SEP 27 1937

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

Do not use this space.

32054

1. PLACE OF DEATH
County Texas 2 1
Township Ozark
City Lovyan
Registration District No. 10203
Primary Registration District No. 6141
File No.
Registered No. 8
(No. , St. Ward)

2. FULL NAME Martin B. Denison

(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. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M—
4. COLOR OR RACE W—
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-14-1858

7. AGE Years 79 Months 3 Days 29 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) 10 yrs
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Neville Lynch

18. BURIAL, CREMATION, OR REMOVAL
PLACE Big Creek DATE Aug-14, 1937

19. UNDERTAKER (ADDRESS) G. V. Elliott Houston Mo.

20. FILED Aug 16, 1937 M. B. Willhite Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from AUG 3, 1937, to AUG. 13, 1937.
I last saw him alive on AUG. 9, 1937. Death is said to have occurred on the date stated above, at 7 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
INFLUENZA	8-2-37
ACUTE DILITATION OF HEART	8-8-37
SENILITY	

Other contributory causes of importance:

11B

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) L. M. Dillman, M. D.
(Address) Houston, 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.