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.

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

DEC 21 1937

Do not use this space.

1. PLACE OF DEATH
County Macon — Registration District No. 528 — File No. 41823
Township — Primary Registration District No. 4314 — Registered No.
City Callao (No. , St. Ward)

2. FULL NAME Annie Lash Dennis
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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 Female
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 Henry Dennis.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 20 1861
7. AGE 1937 — YEARS 76 — MONTHS 7 — DAYS 5. — If LESS than 1 day, hrs. or min.

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

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

MOTHER
15. MAIDEN NAME Alcinda Triplett.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Onda.

17. INFORMANT (ADDRESS) Mrs Wallace Dennis. New Cambria Mo.
18. ~~BURIAL~~, ~~CREMATION~~, ~~OR~~ REMOVAL
PLACE Hagerville Mo DATE Nov 28, 1937
19. UNDERTAKER (ADDRESS) Perry & Son Callao, Mo.
20. FILED Nov 28, 1937 H. L. Baker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 26, 1937
22. I HEREBY CERTIFY, That I attended deceased from March 8, 1937, to Nov 25, 1937
I last saw her alive on Nov 25, 1937. Death is said to have occurred on the date stated above, at 3 20 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Jaundice	Aug 10 37
1/26	
Other contributory causes of importance: Enlarged Liver & Stopage of the Gall blager due to Gall stones	Nov 1-1937

Name of operation — Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

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? No
If so, specify
(Signed) A. O. West, M. D.
(Address) New Cambria Mo