REC'D APR 1 1938

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

Do not use this space.

1. PLACE OF DEATH
County: Texas
Township: Ozark
City: Cabool
Registration District No. 1043
Primary Registration District No. 61 44
File No. 12354
Registered No. 4
No. ..... St. ..... Ward)

2. FULL NAME: Mary Denson

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

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Martin B.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 19-1869

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 68 | 9 | — | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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): 2 yr.
11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Rye Cove, Va

FATHER

13. NAME: Eliza Carter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown unknown

MOTHER

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

17. INFORMANT (ADDRESS): Mrs Lynch + Nettie Sherell

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Big Creek DATE: Mch - 20 1938

19. UNDERTAKER (ADDRESS): J. U. Elliott Houston Mo

20. FILED Mar 20 1938 Mrs J M Willhite Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mch 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1938, to Mar 19, 1938 (Feb 25) last saw him alive on ....., 1938. Death is said to have occurred on the date stated above, at 10-15 a.m.

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

| | Date of onset |
|---|---|
| Chronic Parenchymatous Nephritis | |
| Other contributory causes of importance: Hypertension | 3/1 |

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) W. G. Hyson, 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.