

REC'D MAY 13 1938

## MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

15748

Do not use this space.

## 1. PLACE OF DEATH

(a) County St. Francois Registration District No. 773  
 (b) Township St. Francois Primary Registration District No. 6018A Registered No. 576  
 (c) City Farmington (d) Street No. State Hosp. No. 4 Farmington St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James Denny 500

(a) Residence, No. Cape Girardeau, Mo. St.   
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15th, 1852

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
85 10 1

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) unknown11. Total time (years) spent in this occupation ✓12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania13. NAME James Denny14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania15. MAIDEN NAME Jane (?) (not known)16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland17. INFORMANT State Hospital No. 4 Records  
(ADDRESS) Farmington, Missouri18. BURIAL, CREMATION, OR REMOVAL PLACE Hospital Cemetery DATE 4-18-3819. FUNERAL DIRECTOR Cozean  
(ADDRESS) Farmington, Mo.20. FILED 4-18-38 B. J. Robinson  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 16 193822. I HEREBY CERTIFY, That I attended deceased from 4-13 1938 to April 16 1938I last saw him alive on April 16 1938. Death is said to have occurred on the date stated above, at 9:30 m.

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

Generalized arteriosclerosis Date of onset 1901

Other contributory causes of importance:

Chronic myocarditis  
Chronic Pericarditis, mitral regurgitation  
an arteriosclerotic formName of operation Cholecystectomy Date of 1938  
What test confirmed diagnosis? Cholecystectomy Was there an autopsy? no23. 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) B. J. Robinson \_\_\_\_\_, M. D.  
1938 (Address) State Hosp. #4 of Farmington Mo.

STATEMENT BY LICENSED EMBALMER

I, Rama Cozeman, Licensed Embalmer No. 1657

hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

\_\_\_\_\_ L. E. \_\_\_\_\_  
No. \_\_\_\_\_ or by P. H. Cozeman, Registered Apprentice No. E 571  
working under my personal supervision.

Signed Rama Cozeman  
Licensed Embalmer No. 1657

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**