

DEC 7 AUG 24 1938

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

25077

File No. _____
Registered No. 6 St. _____ Ward _____

1. PLACE OF DEATH

24 County Cloy
Township Hearney
City Hearney (No. _____)Registration District No. 200
Primary Registration District No. 4120

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(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. (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) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mattee G. Denny
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-1-1852
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
85 5 8OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer & Banker
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) mo 0FATHER 13. NAME Levi Denny 114. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) nc 1MOTHER 15. MAIDEN NAME Zannah Clark16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) nc17. INFORMANT Earl Denny
(ADDRESS) Hearney mo18. BURIAL, CREMATION, OR REMOVAL PLACE Bethel DATE May 11 193819. UNDERTAKER Leonard Fry
(ADDRESS) Hearney mo20. FILED 5/11/38 1938 W. H. Smith Registrar. 182

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9, 193822. I HEREBY CERTIFY, That I attended deceased from May 2, 1938, to May 9, 1938I last saw him alive on May 9, 1938. Death is said to have occurred on the date stated above, at 4:30 p. m.

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

Date of onset May 6, 1938
Thrombus Coronary Artery
General Atherosclerosis
Coronary Artery
Insular Island 1935

Other contributory causes of importance:

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) Walter M. Maltby, M. D.(Address) Hickory 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.

