REC'D AUG 05 1938

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

Do not use this space.

25893

File No.

Registered No. 203

Registration District No. 547

Primary Registration District No. 3029

1. PLACE OF DEATH
County Marion
Township Hacon
City Hannibal (No. Levering Hospital St. Ward)

2. FULL NAME David Ezra Dennis 530

(a) Residence, No. 221 S. Main 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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. ~~SINGLE, MARRIED, WIDOWED~~, OR DIVORCED (*write* the word): Divorced

5A. IF ~~MARRIED, WIDOWED~~, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ Josephine K. Dennis 1879

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 14, ~~1876~~

7. AGE: YEARS ~~58~~ 58; MONTHS 10; DAYS 6; If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night clerk

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

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) Hannibal Missouri 0

FATHER

13. NAME Darius Dennis 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Massachusetts 0

MOTHER

15. MAIDEN NAME Margaret E. Fry

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co., Mo

17. INFORMANT Jess Dennis
(ADDRESS) Bush Station, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Olivet Cem. DATE July 22, 1938

19. UNDERTAKER Crawford Smith
(ADDRESS) 902 Broadway

20. FILED July 23, 1938 H. C. Fisher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from December, 1937, to July 20, 1938

I last saw him alive on July 20, 1938. Death is said to have occurred on the date stated above, at 4.55 A.m.

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

	Date of onset
Syphillis, Cancer of Breast	
Chronic Myocarditis	

Other contributory causes of importance: 502

Name of operation None 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) B. L. Murphy M. D.

(Address) 113A So Main, Hannibal 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.

Dr. Murphy