

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 Clinton  
City (No. ....) (St. ....) (Ward)

Registration District No. 10-27  
Primary Registration District No. 6139

File No. 37047

Registered No. ....

2. FULL NAME

5th Susan Mary Denney

(a) Residence, No. .... St. .... Ward. ....

(Usual place of abode)

Length of residence in city or town where death occurred 71 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 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 Columbus J. Denney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 28 1859

7. AGE YEARS 79 MONTHS 8 DAYS 28 If LESS than 1 day, .... hrs. or .... min.

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) Oct 1938 11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill., 9

13. NAME Jeff Daugherty

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME Mary Cookin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Grove Denney

18. BURIAL, CREMATION, OR REMOVAL PLACE Denney Cemetery DATE Oct 28 1938

19. UNDERTAKER (ADDRESS) Gaylord V. Elliott

20. FILED Oct 26 1938 J. D. Matthews Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 26 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 18 1938, to Oct 26 1938.

I last saw her alive on Oct 26 1938. Death is said

to have occurred on the date stated above, at 9:50 a.m.

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

Arteriosclerosis  
97  
Other contributory causes of importance:

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) R. M. Denney M. D.

792 (Address) Met. Mend 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.

