

DEC'D FEB 27 1939

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

3593

Do not use this space.

PLACE OF DEATH
(a) County Putnam Registration District No. 718
(b) Township Wilson Primary Registration District No. 3-948 Registered No. 2
(c) City..... (d) Street No.....
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred yrs. mos. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James Henry Denny

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mollie Denny</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 5 - 1855</u>		
7. AGE YEARS <u>83</u>	MONTHS <u>7</u>	DAYS <u>1</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Farmer (Retired)</u>		
9. Industry or business in which work was done, as saw mill, bank, etc. <u>Farm</u>		
10. Date deceased last worked at this occupation (month and year) <u>Sept 1913</u>		
11. Total time (years) spent in this occupation <u>all</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Putnam Co. Mo.</u>		
13. NAME <u>Amos Denny</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>		
15. MAIDEN NAME <u>Doris Knocs</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Doris Knocs</u>		
17. INFORMANT (ADDRESS) <u>T. J. Denny Corydon, Iowa.</u>		
18. BURIAL, CREMATION OR REMOVAL PLACE <u>West City Co.</u> DATE <u>Jan 8, 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Constance Mearns Unionville, Mo.</u>		
20. FILED <u>Jan 8, 1939</u> <u>W. H. Miller</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 6, 1939

22. I HEREBY CERTIFY That I attended deceased from Jan 3, 1939 to Jan 6, 1939
I last saw him alive on Jan 6, 1939. Death is said to have occurred on the date stated above, at 6:30 A.M.
The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia
Date of onset Dec. 29/39

Other contributory causes of importance: 105

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? no
If so, specify.....
(Signed) W. H. Miller, M. D.
Unionville

RECEIVED

District Health Officer No. 10

District File Number 10-39-161

Date Filed FEB 7 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

John N. Comstock, or by

Registered Apprentice No. _____, working under my personal supervision.

Signed John N. Comstock

Licensed Embalmer No. 3891

P. O. Address Unionville, Mo

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.)

If this body is not embalmed, above space should be left blank.

MISSOURI DEPARTMENT OF HEALTH
STATE OF MISSOURI

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

35-93
Do not use this space.

1. PLACE OF DEATH

(a) County Putnam Registration District No. 718
(b) Township Wilson Primary Registration District No. 544 Registered No. 2
(c) City (d) Street No. 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

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE YEARS 83 MONTHS 7 DAYS 1 If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Jan 8 1939 H. W. Gillum Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....

I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at m.

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

Date of onset

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) J. Earl Martin M. D.

(Address) Monroe

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

A. 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.

SUPPLEMENTARY

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