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AUG 11 1939

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

27189
Do not use this space.

1. PLACE OF DEATH

(a) County Wright Registration District No. 908
(b) Township Wright Primary Registration District No. 1549
(c) City Wright (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 Miss Alice Denney

(a) Residence, No. Wright 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
7. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 29 - 1862
8. AGE YEARS 76 MONTHS 9 DAYS 11 If LESS than 1 day, _____ hrs. or _____ min.
9. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
10. Industry or business in which work was done, as saw mill, bank, etc. None
11. 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) W. Va. Tenn

FATHER 13. NAME James L. Reeves

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

MOTHER 15. MAIDEN NAME Lucenia Carruthers

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

17. INFORMANT Mrs. Frank Black (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Denney Cem. Wright

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Bernie Hartman

20. FILED 7-28-39 1939 Bernie Hartman Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Aug. 15 - 1938 to Oct. 21 - 1938

I last saw him alive on Oct. 21 - 1938 Death is said

to have occurred on the date stated above, at 7 P. m.

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

Arteriosclerosis
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) A. L. Denney M. D.

Address Wright, W. Va.

RECEIVED

District Health Officer No. 6,

District File Number 839-1560

Date Filed AUG 9 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,

George Stoff

or by

Registered Apprentice No., working under my personal supervision.

Signed

George Stoff

Licensed Embalmer No.

3167

P. O. Address

Mt. Grove Pa

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.