

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.

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

Do not use this space.

FILED FEB 7 1940

1970

1. PLACE OF DEATH

County Carroll Registration District No. 137 File No. _____
Township Hurricane Primary Registration District No. 5195 Registered No. 1
City Hale (No. _____) St. _____ Ward _____

2. FULL NAME

Hattie A. Dennis
(a) Residence, No. _____ 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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clint Dennis
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 6-1860
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 10 29
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife
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) Palmyra, Missouri

13. NAME Sidney Parker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Palmyra, Missouri

15. MAIDEN NAME Fannie Mizner

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

17. INFORMANT (ADDRESS) H. P. Dennis, 1832 1/2 Maple, N. P. Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hale Cemetery DATE January 7, 1940

19. UNDERTAKER (ADDRESS) Frank G. Blatter, Hale Mo

20. FILED Jan 6, 1940 WPK Kemp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 5, 1940

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1939 to Jan 5, 1940
I last saw him alive on Jan 1, 1940 Death is said to have occurred on the date stated above, at 10 a. m.
The principal cause of death and related causes of importance were as follows:

Myocardial insufficiency Date of onset 1939

Other contributory causes of importance: Senile Dementia

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) WPK Kemp, M. D.
(Address) Hale Mo

Mrs Ruby Barnes (Deputy)

