

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

Do not use this space.

1266

1. PLACE OF DEATH

County Henry
Township Peersville
City (No.)

Registration District No. 347
Primary Registration District No. 55-01A

File No.
Registered No. 15-
St. Ward)

2. FULL NAME

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 24, 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 | 10 | 16 |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Henry Co. Missouri

10. NAME OF FATHER

James Denny

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER

Mary Ann Jennings

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Johnson Co. Mo.

14.

INFORMANT

(Address) Rolla Hopkins
Coal. Mo. R.R.#41

15.

FILED Jan. 15-1929 Dr. E. C. Peeler
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 10 1929

17. I HEREBY CERTIFY That I attended deceased from Jan. 4 1929 to Jan. 10 1929 that I last saw him alive on Jan. 9, 1929, and that death occurred, on the date stated above, at 2:45 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia

108 / 10 / 10
(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) 10 / 10 / 10
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?

DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) E. C. Peeler, M. D.
Elkinton, Mo.
(Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Tebo Cemetery

DATE OF BURIAL Jan. 11, 1929

20. UNDERTAKER Swop Wellkisson & Co

ADDRESS Elkinton Mo

WRITE PAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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