

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

Do not use this space.  
**5277**  
**1036**

**1. PLACE OF DEATH**

County Henry Registration District No. 347  
Township 4 Primary Registration District No. 3018  
City Clinton (No. ....) St. .... Ward

File No. ....  
Registered No. 16

**2. FULL NAME** Robert Scott Denny

(a) Residence. No. E. Jacobs 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 <u>M</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>Virginia Denny</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Sept 25 1905</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, .... hrs. or .... min.
	<u>25</u>	<u>4</u>	<u>12</u>	

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work laborer 737  
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (CITY OR TOWN) Clinton  
(STATE OR COUNTRY) mo

10. NAME OF FATHER Nickles Denny  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) St Clair Co  
(STATE OR COUNTRY) mo  
12. MAIDEN NAME OF MOTHER Nancy Atkinson  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Henry Co  
(STATE OR COUNTRY) mo

14. INFORMANT Mrs R Denny  
(Address) Clinton Mo

15. FILED 2/9 1931 Ed C. Peelor  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/7/1931  
17. I HEREBY CERTIFY, That I attended deceased from December 15 1930 to 2/7/1931 that I last saw him alive on 2/6/1931, and that death occurred, on the date stated above, at 3 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
1. pulmonary Tuberculosis  
23H  
937 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) acute Myocarditis  
(duration) yrs. 2 mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
23  
not at place of death

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Sputum  
(Signed) R. S. Hallinger  
, 19 (Address) Clinton Mo.

\*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 Englewood Cem DATE OF BURIAL 2/8 1931

20. UNDERTAKER Spoerison ADDRESS Clinton Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PARENTS

