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

Do not use this space.

37170

1. PLACE OF DEATH
County: Jackson
Township: Kaw
City: Kansas City (No. 402 Munford Ct. St. ..... Ward)

Registration District No. 399
Primary Registration District No. 1002

File No. 10000
Registered No.

2. FULL NAME: George M. Denston

(a) Residence. No. 402 Munford Ct. St., 9 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: M
4. COLOR OR RACE: Wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct. 7, 1865

7. AGE: Years 63 | Months 1 | Days 21 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): London
(STATE OR COUNTRY): Canada

PARENTS

10. NAME OF FATHER: Wilson Denston
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Ind.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Mary Bluebaker
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Ind.
(STATE OR COUNTRY)

14. INFORMANT: Mrs Maud Denston
(Address): 402 Munford Ct.

15. FILED: 11/30, 1928 M. M. Crowe Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov. 28th 1928

17. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, 19..., to ..., 19..., that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at 9:40 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy
4 hr.
5 - 0 -
10
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Hypertension
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
Did an operation precede death? No. Date of
Was there an autopsy? Yes
What test confirmed diagnosis? Autopsy

(Signed) Chas. K. Rhoptlath, M. D.
11/30, 1928 (Address) Deputy Coroner.

*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: Calvary
DATE OF BURIAL: Dec 1 1928

20. UNDERTAKER: D. W. Newcomer's Sons
ADDRESS: K.C., Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD