APR 28 1930

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

Do not use this space.

8100

1. PLACE OF DEATH
County Clay — Registration District No. 198 — File No.
Township — Primary Registration District No. 3011 — Registered No. [illegible]
City Excelsior Spgs. (No. 514 Elms Blvd. St. Ward)

2. FULL NAME Arthur Harry Denslow
(a) Residence. No. 514 Elms Blvd. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
m	wh	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 15-1868

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	61	10	12	

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

PARENTS
10. NAME OF FATHER Jno W. Denslow
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) N. Y.
12. MAIDEN NAME OF MOTHER Jessy Hunt
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Eng.

14. INFORMANT Olive Heron
(Address) Buffalo N.Y.

15. FILED 3/28 1930 Y. D. Craven REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mch 27 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb. 17th, 1930, to March 27th, 1930, that I last saw him alive on 26th, 1930, and that death occurred, on the date stated above, at 7:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis.
131
93C
Several yrs. (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Nephritis - Anemia.
Several yrs. (duration) yrs. mos. ds.

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? Clinical
(Signed) E. C. Rolichaux, M. D.
, 19 (Address) Excelsior Spgs. 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	DATE OF BURIAL
Forest Hill	Mch 28 1930
20. UNDERTAKER	ADDRESS
D. W. Newcomb Sons	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.

[redacted]