

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township _____ Primary Registration District No. 1001
City St. Joseph, (No. Missouri Methodist Hospital) St. _____ Ward _____

24252

File No. _____
Registered No. 737
St. _____ Ward _____

2. FULL NAME Infant Denkinger,

(a) Residence, No. _____ St. _____ Ward. Highland, Kansas.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single,</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 3rd, 1931</u>		
7. AGE	YEARS	MONTHS
		DAYS
		IF LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		<u>child,</u>
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) <u>Saint Joseph, Missouri,</u>		
13. NAME <u>Albert J. Denkinger,</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Severance, Kansas,</u>		
15. MAIDEN NAME <u>Georgia Ptomoy,</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Highland, Kansas,</u>		
17. INFORMANT <u>Albert J. Denkinger</u> (ADDRESS) <u>Highland, Kansas,</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Highland, Ks</u> DATE <u>July 5, 1931</u>		
19. UNDERTAKER <u>Newton Betts & Bowman</u> (ADDRESS) <u>519 S. 10th St. Funeral Home</u>		
20. FILED <u>7-5</u> 19 <u>31</u> <u>John R. Bender</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3rd, 1931

22. I HEREBY CERTIFY that I attended deceased from July 3, 1931 to July 4, 1931
I last saw him alive on July 3, 1931. Death is said to have occurred on the date stated above, at 7:46 a.m.
The principal cause of death and related causes of importance were as follows:
Pneumonia with
159
Cause of pneumonia with
mother had acute attack
of appendicitis.
Other contributory causes of importance: _____
Date of onset _____

Name of operation lung 159 Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No.

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) Paul Pove, M. D.
(Address) 731 E. 1st St. St. Joseph, Mo.

WRITE PLAINLY, 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.

AUG 24 1931

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