

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

Do not use this space.

29241

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. _____)

Registration District No. 389
Primary Registration District No. 1002
St. Luke's Hospital

File No. _____
Registered No. 2414
St. _____ Ward _____

2. FULL NAME Edmond B. Denison

(a) Residence, No. 4105 Linwood St. 14 Ward _____

(Usual place of abode)
Length of residence in city or town where death occurred 7 yrs. mos. _____ ds. How long in U. S., if of foreign birth? yrs. mos. _____ ds. (If nonresident, give city or town and State)

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>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF - <u>Mrs. Annettie H. Denison</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 4, 1857</u>				
7. AGE	YEARS <u>74</u>	MONTHS <u>9</u>	DAYS <u>5</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. <u>Teacher</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Manual Training High School</u>			
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____			

MOTHER / FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Michigan</u>			
	13. NAME <u>Marvin Denison</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u>			
	15. MAIDEN NAME <u>Lucy Stark</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Michigan</u>				
17. INFORMANT <u>Mrs. Annettie H. Denison</u> (ADDRESS) <u>4105 Linwood Ave. K. C. Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lenexa, Kan.</u> DATE <u>9-10-32</u>				
19. UNDERTAKER (ADDRESS) <u>Freeman Mortuary and Chapel</u> <u>104 W. 42nd St. K. C. Mo</u>				
20. FILED <u>9/9 1932</u> <u>M. M. Dewey</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 - 1932 to Sept 8 1932
First saw him alive on Sept 8 1932. Death is said to have occurred on the date stated above, at 10:30 p.m.

The principal cause of death and related causes of importance were as follows:

Acute Cardiac Failure
Post Operative Shock
with acute Urinary Suppression
137
Date of onset Sept 8
Other contributory causes of importance:
Enlarged Prostate with acute Retention

Name of operation Prostatectomy Date of Sept 8
What test confirmed diagnosis? Operative 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) F. C. Lawler, M. D.
(Address) Kansas City, 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.

2100 to 4500 P.M.