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.

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 — File No. 22365
Township — Primary Registration District No. 1001 — Registered No. 696
City St. Joseph, Mo. (No. 824 Parker St. Ward)

2. FULL NAME Thomas Hennin Dennis
(a) Residence, No. 512 Richardson St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edna Dennis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 7, 1880

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
53	5	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
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) Milan, Missouri

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

17. INFORMANT (ADDRESS) Edna Dennis, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Auburn DATE July 13, 1933

19. UNDERTAKER (ADDRESS) Fleeman Mortuary, Inc., St. Joseph, Mo.

20. FILED 7/12 1933 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11, 1933

22. I HEREBY CERTIFY, That I ~~attended~~ viewed deceased on from July 11, 1933, to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 7A m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset
93C
93C

Other contributory causes of importance:
no facts

Name of operation none Date of
What test confirmed diagnosis? Clin Hist Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury ..., 19...
Where did injury occur? none (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Forrest Thomas Conner M.D.
(Address) 801½ Felix

JAN 22 1942