

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

Do not use this space.

1. PLACE OF DEATH
 County Jackson Registration District No. 389-1003
 Township Kaw Primary Registration District No. 1003
 City K.C. Mo. (No. 2316, Guinotte St. Ward) 23091
 File No. 2789

2. FULL NAME Jesse F. Denny
2316 Guinotte
 (a) Residence, No. 2316 St. 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 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 Mary A. Denny
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 20, 1883
 7. AGE YEARS 50 MONTHS 4 DAYS 15 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City
 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) Kansas
 13. NAME Luman K. Denny
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill
 15. MAIDEN NAME Mary Fuqua
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas
 17. INFORMANT Mary A. Denny
 (ADDRESS) 2316 Guinotte
 18. BURIAL, CREMATION, OR REMOVAL July 8-33
 PLACE Forest Hill DATE 19.
 19. UNDERTAKER Lindsey Funeral Home
 (ADDRESS) 3811 Bdway, K. V. Mo.
 20. FILED July 6, 1933 m. m. Browne
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 5-33 1933
 22. I HEREBY CERTIFY, That I attended deceased from July 1st, 1933, to July 5th, 1933
 I last saw him alive on July 5, 1933 at 11:50 a.m. Death is said to have occurred on the date stated above, at m.
 The principal cause of death and related causes of importance were as follows:
Cancer of chin Date of onset
52
107A
 Other contributory causes of importance:
Bronchial Pneumonia
 Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?
 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) E. W. Jones M. D.
 (Address) 2916 Guinotte

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.

