JAN 26 1934

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

Do not use this space.

85

File No. 39173

Registered No. 1197

Registration District No. 1001

Primary Registration District No.

1. PLACE OF DEATH
County: Buchanan
Township:
City: St. Joseph. (No. 2508 Faraon St. St. Ward)

2. FULL NAME: Robert Lee Denning

(a) Residence, No. 2508 Faraon St. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 26 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)
Male	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: Fannie May Denning

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June, 22, 1868

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	65	5	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired, Principal
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: of Robidoux High School.
10. Date deceased last worked at this occupation (month and year): May, 1932
11. Total time (years) spent in this occupation: 26

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Maryville, Mo.

FATHER

13. NAME: David L. Denning
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Tenn.

MOTHER

15. MAIDEN NAME: Lucy Snapp
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Mo.

17. INFORMANT (ADDRESS): Smith George 2508 Faraon St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt. Mora Cemetery DATE: Dec. 6, 1933, 19

19. UNDERTAKER (ADDRESS): Walter Meinhoffer 1302 Faraon St. St. Joseph, Mo.

20. FILED 12-5-, 1933 John R. Bender Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 4, 1933, 19

22. I HEREBY CERTIFY, That I attended deceased from Mar, 1931, to Dec. 4, 1933
I last saw him alive on Dec 4, 1933. Death is said to have occurred on the date stated above, at 9.15 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5.30 p.m. Dec 4 1933
BZR	
1.5	

Other contributory causes of importance: Hypertension

Name of operation: 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) Fay Trimble, M. D.
(Address) Coppy Bldg. St. Joseph, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is v