JUL 18 1935

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

Do not use this space.

19173

File No.

Registered No. 8

1. PLACE OF DEATH

County: Carroll. Registration District No. 139

Township: Hill. Primary Registration District No. 5200

City: ~~Bogard.~~ (No. , St. Ward)

2. FULL NAME Daniel Webster Denham

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

Length of residence in city or town where death occurred 57 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	Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Denham

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 19, 1850.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
84	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) Jan 1900 11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ky.

FATHER

13. NAME John Denham

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER

15. MAIDEN NAME Martha Ramsay

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT Mrs Jap Brownley
(ADDRESS) Dawn, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Smith Cem. DATE 6/29/35, 19

19. UNDERTAKER B. F. Mead
(ADDRESS) Braymer, Missouri.

20. FILED 6/28, 1935 Mrs Sallie Perry
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27 35, 19

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1935, to June 27, 1935

Last saw h. alive on , 19. Death is said to have occurred on the date stated above, at 2:00 p.m.

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

	Date of onset
Chronic Interstitial Nephritis	1930

Other contributory causes of importance:

Arteriosclerotic Cardiac Insufficiency

Name of operation Date of

What test confirmed diagnosis? None 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) John R. Crank M.D.

(Address) Braymer, Mo.

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.