JAN 15 1938

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

Do not use this space.

38687

File No.

Registered No. 1358

1. PLACE OF DEATH

County: Buchanan — Registration District No. 85

Township — Primary Registration District No. 1001

City: St. Joseph, (No. St. Joseph's Hospital St. Ward)

2. FULL NAME John Turner Dennis

(a) Residence, No. 1022 So. 17th. 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 10 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	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary Otus Dennis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June, 17, 1879

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	56	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired 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): 1926

11. Total time (years) spent in this occupation:

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

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): Mrs. Mary Otus Dennis, 1022 So. 17th. St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: DeKalb Cemetery DATE: Dec. 26, 1935, 19

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

20. FILED 12-26-, 1935 John R Binder Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec, 24, 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 21st, 1935, to Dec 24th, 1935

I last saw him alive on Dec 24, 1935. Death is said to have occurred on the date stated above, at 8.30 m. A.M.

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

	Date of onset
Carcinoma liver	Dec 1/35
Exploratory Examination on 22nd, confirmed diagnosis	

Other contributory causes of importance: None

Name of operation: Exploratory Examination Date of: Dec 22/35

What test confirmed diagnosis? Microscopic Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? 0 Date of injury 0, 19

Where did injury occur? 0 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. 0

Manner of injury 0

Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) G H Thompson, M. D.

(Address) 825 Charles St. St. Joseph, 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.