JUL 16 1936

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

Do not use this space.

21863

File No.
Registered No. 127

1. PLACE OF DEATH

County Adair — Registration District No. 4

Township — Primary Registration District No. 3001

City Kirksville, Mo. (No. , St. Ward)

2. FULL NAME Edward Oscar Dennis

(a) Residence, No. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 9, 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	4	7	

OCCUPATION

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

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) May 1936

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan County, Mo.

FATHER

13. NAME William Dennis.

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

MOTHER

15. MAIDEN NAME Amanda J. Fry.

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

17. INFORMANT (ADDRESS) Lawrence Stroud, Milan, Missouri.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Montgomery Chapel DATE June 17, 1936

19. UNDERTAKER Milan, Mo. C. A. Schoene
(ADDRESS) Milan, Mo.

20. FILED June 18, 1936 Spencer Freeman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1936, to June 16, 1936

I last saw him alive on June 16, 1936. Death is said to have occurred on the date stated above, at 9:15 A.m.

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

	Date of onset
Bladder stones & prostatic obstruction	1935
Pyelocystitis	about Jan 1936

Other contributory causes of importance:

Uremia	June 10 1936
Arteriosclerosis & Myocarditis, chronic	

Name of operation None Date of

What test confirmed diagnosis? Cystoscopic 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) George E. Grim, M. D.
(Address) Kirksville, Missouri

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.