FEB 25 1937

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

Do not use this space.

1700

File No. ....

Registered No. ....

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kaw — Primary Registration District No. 1002

City Kansas City (No. 3715 Madison St. ..... Ward)

2. FULL NAME Louis Denhard

(a) Residence, No. 3715 Madison 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	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 13, 1855

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
81	4	13	

OCCUPATION

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

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) .... 11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky 10

FATHER

13. NAME Henry Denhard 10

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berlin Germany

MOTHER

15. MAIDEN NAME Wilhelmina Shoemaker

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

17. INFORMANT Mrs. W. R. Henry (Daughter)
(ADDRESS) 3715 Madison, Kansas City, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Forest Hill Cem.
PLACE Kansas City, Mo. DATE January 28, 1937

19. UNDERTAKER Stine & McClure
(ADDRESS) 3235 Gillham Plaza

20. FILED 1-28, 1937 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 27, 1936, to Jan 26, 1937

I last saw him alive on Jan 25, 1937. Death is said to have occurred on the date stated above, at 4 a. m.

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

	Date of onset
Generalized arteriosclerosis	1920
Cerebral arteriosclerosis	"
Abdominal aortic aneurysm (arteriosclerotic)	1930

Other contributory causes of importance:

Starvation & dehydration	1-15-37
Bronchio-pneumonia	1-13-37
Incident to illness	

Name of operation None Date of ....

What test confirmed diagnosis? .... Was there an autopsy? Yes

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) P. T. Boham, M. D.
(Address) 906 Med Arts Bldg K. C. Mo.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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