

FEB 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County *Jackson*

Registration District No. *399*

File No. *6237*

Township *Ross*

Primary Registration District No. *1002*

Registered No. *623*

City *Wauson Twp*

(No. *St. Marys Hospital*)

St. *623* Ward

2. FULL NAME

Joel Abraham Denman M.D.

(a) Residence, No. *6435 Mc Gee* 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 *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *October 14 - 1876*

7. AGE YEARS *60* MONTHS *3* DAYS *18* If LESS than 1 day, hrs. or min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *and Surgeon*

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) *Missouri*

13. NAME *John Denman*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*

15. MAIDEN NAME *Missouri*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*

17. INFORMANT (ADDRESS) *Mrs. Julia Denman, 6435 Mc Gee, Wauson Twp, Mo.*

18. BURIAL, CREMATION OR REINTERMENT PLACE *Wauson Twp, Mo.* DATE *February 5, 1937*

19. UNDERTAKER (ADDRESS) *John Whelan, Wauson Twp, Missouri*

20. FILED *27 3 37 22* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *2/2/37* 19

22. I HEREBY CERTIFY that I attended deceased from *Superior Clinic* 19

I last saw him live on *9/30* 19

Death is said to have occurred on the date stated above, at *9:30* m.

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

Chronic Bronchitis
Primary Sclerosis
Chronic Bronchitis myocardiitis

Other contributory causes of importance:

Name of operation *A3* Date of *1/10*

What test confirmed diagnosis *Autopsy* Was there an autopsy?

23. If death was due to external causes (violent), 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?

If so, specify (Signed) *John Whelan* 4, M. D.

(Address) *Wauson Twp, 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.

