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

Do not use this space.

REC'D MAR 14 1938

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1. PLACE OF DEATH

County JACKSON — Registration District No. 399 — File No. 616

Township KAW — Primary Registration District No. 1002 — Registered No.

City KANSAS CITY (No. RESEARCH HOSP. St. Ward)

2. FULL NAME DR. RAY ALMAN DENMAN 550

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

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: CRESSA DENMAN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): MAY 30-1886

7. AGE: YEARS 51 — MONTHS 8 — DAYS 7 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): WASHINGTON KAN-

FATHER

13. NAME: E. G. DENMAN
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): UNKNOWN

MOTHER

15. MAIDEN NAME: SARAH OTWELL
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): UNKNOWN

17. INFORMANT (ADDRESS): MRS CRESSA DENMAN

18. BURIAL, CREMATION, OR REMOVAL
PLACE BELOIT, KAN. DATE FEB. 7, 1938

19. UNDERTAKER (ADDRESS): D. W. NEWCOMERS SONS BC 9 PASEO

20. FILED 7 7, 1938 M. M. Crowe dsr Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): FEB. 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from 6-28-, 1937, to 2-7-, 1938
I last saw him alive on 2-7-, 1938. Death is said to have occurred on the date stated above, at 12 m.
The principal cause of death and related causes of importance were as follows:

Congestive heart failure — Date of onset

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Other contributory causes of importance:

Malignant Hypertension

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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? .....
If so, specify .....
(Signed) Donald R Black, M. D.
(Address) 924 Prof. Bl. K.C.M.O.

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.

WITH UNFADING INK—THIS IS A PERMANENT RECORD

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Prof. Bldg.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County..... Registration District No.....

Township..... Primary Registration District No.....

City..... (No. Research Hospital St. ..... Ward)

File No. 616

Registered No.....

2. FULL NAME Dr. Ray Alman Denman

(a) Residence, No..... St., ... Ward. Beloit, Kansas
(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 Cressa Denman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 30, 1886

7. AGE — YEARS | MONTHS | DAYS | If LESS than 1 day, ...hrs. or .....min.

OCCUPATION

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

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.....

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

FATHER

13. NAME

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

MOTHER

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS).....

18. BURIAL, CREMATION, OR REMOVAL

PLACE..... DATE..... 19....

19. UNDERTAKER (ADDRESS).....

20. FILED 2/7 1938 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

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	Date of onset
Congestive heart failure	
Hypertensive Heart	
Myocardial degeneration	
	9 2 ce

Other contributory causes of importance:
Malignant Hypertension

Name of operation..... Date of.....

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

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

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(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)....., M. D.

(Address).....

SUPPLEMENTARY

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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