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

Do not use this space.

File No. 19414

Registered No. 2408

1. PLACE OF DEATH
County: Jackson — Registration District No. 399
Township: Kaw — Primary Registration District No. 1002
City: Kansas City (No. Geo. H. Nettleton Home St. ..... Ward)

2. FULL NAME: Mary F. Denham

(a) Residence. No. Geo. H. Nettleton Homes 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.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: James Finley Denham

6. DATE OF BIRTH (MONTH, DAY AND YEAR): August 24, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	9	14	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: at home
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN): Lexington
(STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: Lebwens French

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Virginia

12. MAIDEN NAME OF MOTHER: Harriet McMillan

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Georgia

14. INFORMANT: Geo H Nettleton Home Kansas City
(Address): 51st & Swope

15. FILED 6/9, 1930 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 8, 1930

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1930, to June 8, 1930, that I last saw he/she alive on June 8, 1930, and that death occurred, on the date stated above, at 3:50 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Nephritis

118

130 (duration) — yrs. — mos. 4 ds.

CONTRIBUTORY (SECONDARY): La Grippe (duration) ..... yrs. ..... mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED? 118
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? .....

6/9, 1930 (Signed) John G Lapp M. D.
(Address) 1314 Professional Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, ~~CREMATION, OR REMOVAL~~: Elmwood Cemetery — DATE OF BURIAL: 6-10 1930

20. UNDERTAKER: Stone & McClure — ADDRESS: 3235 Gillham Plaza

2619 Victor