

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.

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

PLACE OF DEATH
 County Platte
 Township Preston or
 Village _____ or
 City Near Smithville (No. _____) St. _____ Ward _____

Registration District No. 1693 File No. 35226
 Primary Registration District No. 5920 Registered No. _____

FULL NAME Elizabeth M. Henry

(If death occurred in a hospital or institution, give its NAME instead of street and number)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED Widowed (Write the word)

DATE OF BIRTH Feb 2, 1836
 (Month) (Day) (Year)

AGE 74 yrs. 9 mos. 11 ds. If LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION
 (a) Trade, profession, or particular kind of work House Keeper
 (b) General nature of industry, business, or establishment in which employed (or employer) _____

BIRTHPLACE (City or town, State or foreign country) Indiana

PARENTS
 NAME OF FATHER John Barlow
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Ky
 MAIDEN NAME OF MOTHER Ruth Ashball
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ky

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 13, 1910
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan 2, 1910, to Nov 12, 1910, that I last saw her alive on Nov 12, 1910, and that death occurred, on the date stated above, at 5.9 a.m. The CAUSE OF DEATH* was as follows:
Cerebral hemorrhage

(Duration) _____ yrs. _____ mos. _____ ds.

Contributory (SECONDARY) Cerebral
 (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) W. D. Collins M. D.
 _____, 191____ (Address) Smithville, Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) EMAN. Henry
 (ADDRESS) Smithville, Mo

Filed 7/15 1910 F. M. Shafer REGISTRAR

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
 At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted if not at place of death?
 Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Smith Cemetery DATE OF BURIAL Nov 14, 1910
 UNDERTAKER S. H. Rollins ADDRESS Smithville, Mo

