

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

24258  
24218

1 PLACE OF DEATH

County Shelton

Township.....  
or

Village.....  
or

City Bellvue (NO. .... St.; .... Ward)

Registration District No. 181

File No. ....

Primary Registration District No. 4107

Registered No. ....

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

2 FULL NAME

John Bailey McHenry

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED Married  
(Write the word)

6 DATE OF BIRTH Dec (Month) 7 (Day) 1862 (Year)

7 AGE 62 yrs. 8 mos. 19 ds. If LESS than 1 day 11 hrs. or min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work Retired  
(b) General nature of industry business or establishment in which employed (or employer) Capitalist

9 BIRTHPLACE (City or town, State or foreign country) Springfield Mo.

PARENTS  
10 NAME OF FATHER John J. McHenry  
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Tenn.  
12 MAIDEN NAME OF MOTHER Virginia Bailey  
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Petersburg Va.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Ella McHenry  
(Address) Bellvue Mo.

15 Filed Aug 20 1915 J. Frost Brown Registrar

3 MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH August 20 1915  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Sept 20 1913 to Aug 20 1915  
that I last saw h. in alive on Aug 20 1915  
and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH\* was as follows:  
Embolic optic atropia  
ophthalmia  
99A  
97  
98 (Duration) yrs. mos. 4 ds.

CONTRIBUTORY arterio-sclerosis  
(Secondary) (Duration) 2 yrs. - mos. - ds.  
(Signed) J. H. Brown M. D.  
Aug 21 1915 (Address) Bellvue Mo.

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

18 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.....

19 PLACE OF BURIAL OR REMOVAL Road Hill Cemetery DATE OF BURIAL Aug 22 1915

20 UNDERTAKER Bergman Merc Co ADDRESS Bellvue Mo.

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.

