

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

Do not use this space.

33103-1

PLACE OF DEATH

County New Madrid
Township _____
City _____ (No. _____) St. _____ Ward _____

Registration District No. 604
Primary Registration District No. 5803

File No. 550
Registered No. _____

2. FULL NAME

William L. Henry

(a) Residence. No. _____ 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) No Record

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. No Record

OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Blacksmith
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

BIRTHPLACE (CITY OR TOWN) No Record
(STATE OR COUNTRY)

8. NAME OF FATHER No Record

9. BIRTHPLACE OF FATHER (CITY OR TOWN) No Record
(STATE OR COUNTRY)

10. MAIDEN NAME OF MOTHER No Record

11. BIRTHPLACE OF MOTHER (CITY OR TOWN) No Record
(STATE OR COUNTRY)

INFORMANT New Year
Address New Madrid Mo

SIGNED W. L. McBeamon REGISTRAR
DATED 4-5-28

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 5th 1921

17. I HEREBY CERTIFY, That I attended deceased from 11-5-21, 1921, to 12-2-, 1921
that I last saw him alive on 12-2-, 1921, and that death occurred, on the date stated above, at 432 in.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Distention of Stomach

CONTRIBUTORY (SECONDARY) Bright's Disease
(duration) 5 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 129103
IF NOT AT PLACE OF BIRTH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? McBeamon
(Signed) _____ M. D.
175, 1921 (Address) New Madrid Mo

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New Madrid DATE OF BURIAL 12-6 1921

20. UNDERTAKER None ADDRESS _____

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PLACE OF DEATH

County New Madrid

Registration District No. 604

File No. 186

Township 1

Primary Registration District No. 3502

Registered No. _____

City _____ No. _____

St. _____ Ward _____

2. FULL NAME Wm D Henry

(a) Residence, No. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 5th 19 21

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

22. I HEREBY CERTIFY, That I attended deceased from _____ 19th to _____ 19th

I last saw him alive on Dec 5th 19th Death is said to have occurred on the date stated above, at 6³⁰am.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) about

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. about 18 35

Date of onset

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

Mixed Valvular Lesion

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

Other contributory causes of importance: 92 W

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) Jenn Tenn

13. NAME Andol Henry

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

15. MAIDEN NAME Lucie

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

17. INFORMANT Sarah B West (ADDRESS) New Madrid

18. BURIAL CREMATION, OR REMOVAL PLACE East Side Cem DATE 12-7

19. UNDERTAKER C. B Richards (ADDRESS) New Madrid

20. FILE NO. 45/25- 1921 Moffman Registrar.

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:

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) MOT Jannon, M. D.

(Address) New Madrid

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