MAY 23 1927

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

Do not use this space.

11278

File No.

Registered No. 108-

1. PLACE OF DEATH

County: Cole — Registration District No. 213-

Township: — Primary Registration District No. 3014-

City: Jefferson (No. ..... St. ..... Ward)

2. FULL NAME Anna Dixon Henley

(a) Residence. No. 518 E. Capitol 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

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5a. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ ~~HUSBAND or~~ (OR) WIFE OF: G. M. Henley

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb. 22-1863

7. AGE: Years 64 | Months 1 | Days 13 | If LESS than 1 day, ... hrs. or ..... min.

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): Cole Co

(STATE OR COUNTRY): Mo

PARENTS

10. NAME OF FATHER: Edwin Dixon

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Cole Co. Mo

12. MAIDEN NAME OF MOTHER: Mary E. Fowler

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Cole Co. Mo.

14. INFORMANT: G. M. Henley

(Address): Jeff. City Mo.

15. FILED 4/9- 27, 19..... J. V. Bedford, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Apr. 6- 1927

17. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1927, to Apr 6, 1927, that I last saw h. alive on Apr 31, 1927, and that death occurred, on the date stated above, at 6:15 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Embolis of Coronary arteries

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY): Endocarditis

(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? OOC

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No. DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Jno A. Hill, M. D

4/9 1927 (Address) Jefferson City Mo

*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: Riverview Cem. J.C. — DATE OF BURIAL: 4-9- 1927

20. UNDERTAKER: Chas. P. Heinrichs — ADDRESS: J.C. 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. THIS IS A PERMANENT RECORD