

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

Do not use this space.

21377

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township New Primary Registration District No. 1002
 City J.C.S. Mo. Martin & Wymar Sta

File No. _____
 Registered No. 2022
 St. _____ Ward _____

2. FULL NAME

(a) Residence Martin & Wymar Sta Ward _____

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 Fe 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 Grant Henry

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 13 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 | 3 | 23

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Iowa

10. NAME OF FATHER

James Watkins

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Va.

12. MAIDEN NAME OF MOTHER

Mary Franier

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Penn

14. INFORMANT

(Address) Fred G. Henry
R R no 3 - Box 218

15. FILED

7/8 27 M.M. Crowe

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from July 5, 1927, to July 6, 1927. That I last saw him alive on July 6, 1927, and that death occurred, on the date stated above, at 10:30 P.M.

936 THE CAUSE OF DEATH* WAS AS FOLLOWS:

115B
Chronic Hypertension
90B (duration) 2 yrs. mos. ds.
 CONTRIBUTORY Cerebral apoplexy
 (SECONDARY) (duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

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) James Middleton, M. D.

7-7-1927 (Address) 424 W. Montcalm Ave

*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

DATE OF BURIAL

Mt Washington July 8 1927

20. UNDERTAKER

ADDRESS

Rose & Co - 15th Jackson

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.

