

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

Do not use this space.

28884

1. PLACE OF DEATH

County.....

Registration District No.....

791

Township.....

Primary Registration District No.....

1003

City.....

St. Louis

(No.)

2704 Osage

File No.....

Registered No.....

8440

St.

Ward)

2. FULL NAME

Danford M. Henry

(a) Residence No.....

2704 Osage

St.

15 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

White

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

Single

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

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

April 23-1922

7. AGE

5

4

26

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Nil

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

St. Louis

(STATE OR COUNTRY)

Missouri

10. NAME OF FATHER

Hal M. Henry

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Bonne Terre

(STATE OR COUNTRY)

Missouri

12. MAIDEN NAME OF MOTHER

Berdie Thysman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Bonne Terre

(STATE OR COUNTRY)

Missouri

14.

INFORMANT

(Address)

Hal M. Henry
2704 Osage St.

15.

FILED

19

SEP 22 1927

Mrs. C. Starckoff

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Sept 19 1927

17.

I HEREBY CERTIFY, That I attended deceased from July 12, 1927, to Sept 19, 1927, that I last saw him alive on Sept 19, 1927, and that death occurred, on the date stated above, at 2 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral thrombosis
apoplexy

CONTRIBUTORY (SECONDARY)

Arteriosclerosis & Epilepsy

18. WHERE WAS DISEASE CONTRACTED

At home 2704 Osage St

DID AN OPERATION PRECEDE DEATH? DATE OF

Was there an AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? Physical findings

(Signed) Dr. J. Smith, M.D.

(Address) 3624 So. Main

*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

Mount Hope

Sept 22 1927

20. UNDERTAKER

ADDRESS

Wacker Hilde 237 So Bidway

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.

