

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

JAN 23 1929

40247

1. PLACE OF DEATH

County Greene Registration District No. 318  
Township Springfield Primary Registration District No. 5440  
City Springfield No. R #9

File No. \_\_\_\_\_  
Registered No. 895  
St. \_\_\_\_\_ Ward) \_\_\_\_\_

2. FULL NAME

(a) Residence. No. R #9 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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 21-1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
76 9 5

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Retired Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Tenn  
(STATE OR COUNTRY)

10. NAME OF FATHER John Henson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown  
(STATE OR COUNTRY)

14. INFORMANT W. F. Henson  
(Address) Springfield Mo.

15. FILED 12/26, 1928 Ch. Ford REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 26 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 1 1928, to Dec 26 1928, and that I last saw him alive on Dec 28 1928, and that death occurred, on the date stated above, at 2:38 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Arteriosclerosis  
91A  
27

CONTRIBUTORY (SECONDARY) Valvular Heart Disease (duration) 2 yrs. 4 mos. da.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) W. J. Edgington M. D.  
12-26, 1928 (Address) 318 1/2 Collier St.

\*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 Roberts Cemetery DATE OF BURIAL Dec 27, 1928

20. UNDERTAKER W. J. Edgington & Co. ADDRESS Springfield, 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.

PERMANENT RECORD

