

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

Do not use this space.

20534

1. PLACE OF DEATH

County Wagoner Registration District No. 890
 Township St Francis Primary Registration District No. 45-39
 City (No.) St. Ward

File No.
 Registered No.

2. FULL NAME

Jesse Henry
 (a) Residence No. St.
 (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10-10-1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 7 -

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Wagoner Co Mo
 (STATE OR COUNTRY)

10. NAME OF FATHER Jonathan Henry

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

12. MAIDEN NAME OF MOTHER Martha Wees

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

14. INFORMANT John Hill
 (Address) Pleasant Mo R.F.D

15. FILED 5/10 29 19. @ S. Templar REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 10 19 29

17. I HEREBY CERTIFY, That I attended deceased from April 17 19 29 to May 10 19 29 that I last saw him alive on April 23 19 29 and that death occurred, on the date stated above, at 11 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of Liver
4 1/2 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. da.

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

DID AN OPERATION PRECEDE DEATH No. DATE OF WAS THERE AN AUTOPSY no

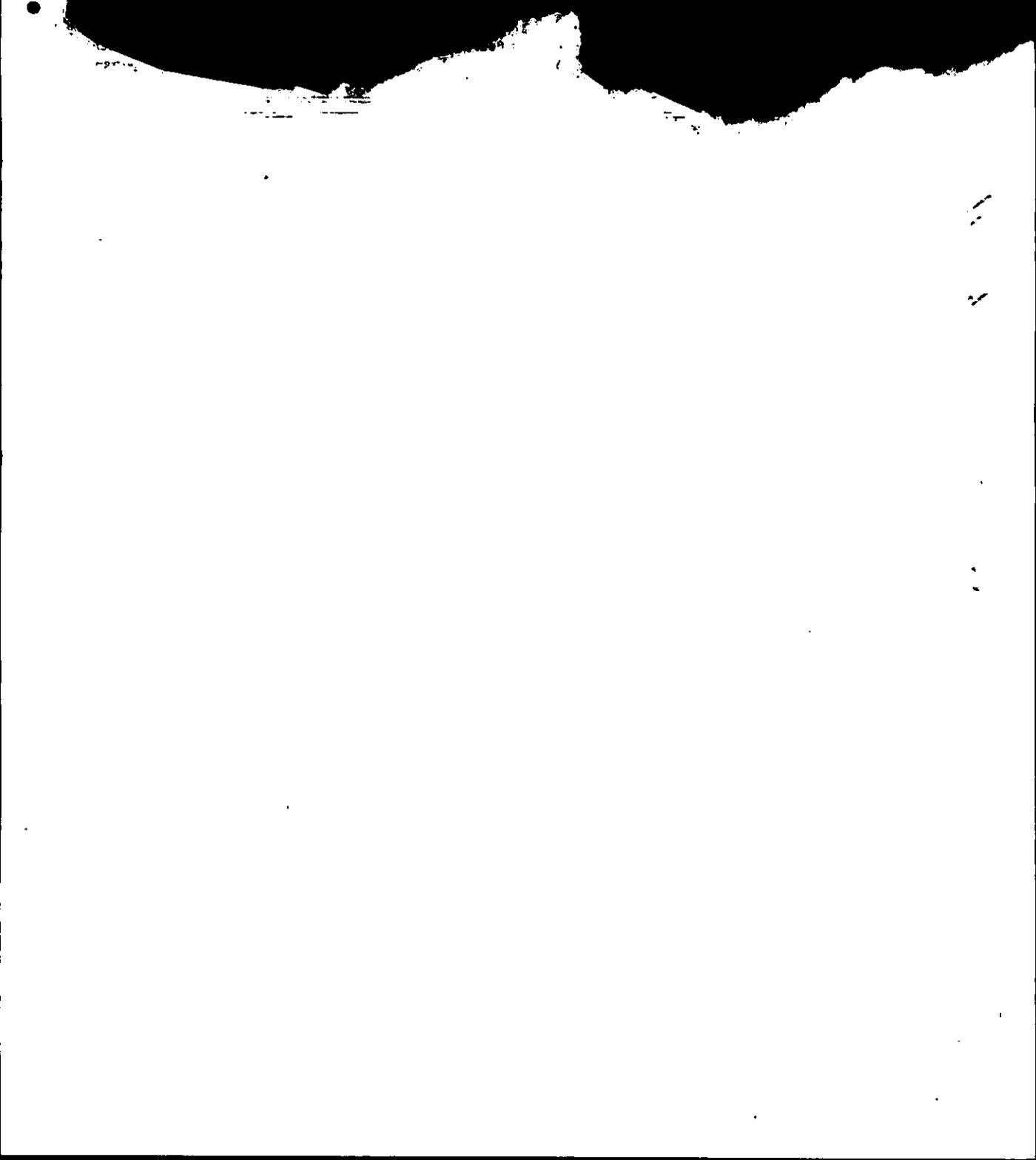
WHAT TEST CONFIRMED DIAGNOSIS..... (Signed) Jno F Wagoner M. D. 5-10 19 29 (Address) Greenwell, Mo

*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 Henry Cemetery DATE OF BURIAL 5-11-1929

20. UNDERTAKER ADDRESS

28 1929
 Filed, A
 uly classified



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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Wayne Registration District No. 890 File No.
Township St. Francis Primary Registration District No. 4539 Registered No.
City..... (No..... St..... Ward)

2. FULL NAME

(a) Residence. No. Jesse Gentry 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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>S</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR)		
7. AGE	YEARS	MONTHS
		DAYS
		If LESS than 1 day,hrs. ormin.
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work.....		
(b) General nature of industry, business, or establishment in which employed (or employer).....		
(c) Name of employer.....		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 10 1929

17. I HEREBY CERTIFY That I attended deceased from..... 19..... to..... 19..... that I last saw h..... alive on..... 19....., and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

..... (duration)..... yrs..... mos..... ds.

CONTRIBUTORY (SECONDARY)..... (duration)..... yrs..... mos..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed)....., M. D.

, 19 (Address)

*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.

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

PARENTS

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT..... (Address)

15. FILED 5/10, 1929 A. G. Campbell REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

20. UNDERTAKER None ADDRESS

SUPPLEMENTARY

K. B.—Every item of information should be carefully supplied. Every statement of OCCUPATION is very important. Cause of DEATH in plain terms, so that it may be properly classified. REGISTRARS SHALL INDICATE UNTIL THEY ARE ADVISED BY LAW

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