

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

Do not use this space.

37028

1. PLACE OF DEATH

County Jackson Registration District No. 398
 Township Clare Primary Registration District No. 3019
 City Independence (Not a Sanitarium)

File No. _____
 Registered No. 373
 St. _____ Ward)

2. FULL NAME

(a) Residence. No. Gower, Mo. Ward.

(Usual place of abode) _____ (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. 2 mos. 15 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Male White Married

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

Mary E. Henry

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 9, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
64 2 0

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer Retired 6 yrs.
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Gower,
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER James Henry

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

12. MAIDEN NAME OF MOTHER Margaret Lason

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

14. INFORMANT R. L. Parker
 (Address) Buckner Mo.

15. FILED 11-12-29 F L Cook REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11/9 19 29

17. I HEREBY CERTIFY, That I attended deceased from Aug. 27, 1929, to Nov. 9, 1929
 that I last saw him alive on Nov. 9, 1929, and that death occurred, on the date stated above, at 11:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchopneumonia

CONTRIBUTORY (SECONDARY) Cerebral arteriosclerosis
rosin (duration) 10 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH 100%
 DID AN OPERATION PRECEDE DEATH? No DATE OF Not
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) Chas. G. Satrie, M. D.
11/11, 1929 (Address) Independence, 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 No. 6 Cem Buchanan Co Mo DATE OF BURIAL Nov. 12, 1929

20. UNDERTAKER G. O. Cannon & Son ADDRESS Indep 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.

WRITE IN FULL WITH NO ROUND NUMBERS THIS IS A PERMANENT RECORD

DE 50 1929

