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

Do not use this space.

1929

**1. PLACE OF DEATH**

County: Lewis — Registration District No.: 477 — File No.: 1764

Township: — Primary Registration District No.: 4286 — Registered No.: 7

City: Canton (No. ..... St. ..... Ward)

**2. FULL NAME** William A. Henton

(a) Residence. No. ..... St., ..... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) |
|---|---|---|
| Male | White | Single |

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 9. 1861

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 68 | 8 | 18 | |

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): ..... (STATE OR COUNTRY): Lewis County

PARENTS

10. NAME OF FATHER: Alexander Henton

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

12. MAIDEN NAME OF MOTHER: Elizabeth Chapell

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

14. INFORMANT: Mr. Wade Marks
(Address): Canton, Mo.

15. FILED 1-28, 1930 — H. W. Harris, REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan. 27 1930

17. I HEREBY CERTIFY, That I attended deceased from ..... to ..... 19..., that I last saw h. ..... alive on ..... 19..., and that death occurred, on the date stated above, at 8.45 P. m.
(I saw him at ..... 19..., Died when I arrived ..... 19..)

THE CAUSE OF DEATH* WAS AS FOLLOWS:

apoplexy — 7/H.Cd
82A

(duration) 10 minutes ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) not familiar with case

(duration) ..... 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? .....

(Signed) Earl Porter D.O. M.D.

19 (Address) Canton 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: Forest Grove — DATE OF BURIAL: Jan. 29 1930

20. UNDERTAKER: F. D. Keller — ADDRESS: Canton 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.