

FEB 10 1930

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

Do not use this space.

1. PLACE OF DEATH

County Perry
Township Central
City (No.) (St.) (Ward)

Registration District No. 660
Primary Registration District No. 5878

File No. 3, 2177
Registered No.

2. FULL NAME

Gianna Marie Henry

(a) Residence No. St. Ward.
(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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 17th 1928

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 1 | 5 | 3

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry County Mo

10. NAME OF FATHER P. G. Henry

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

12. MAIDEN NAME OF MOTHER Leta Behre

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

14. INFORMANT (Address) P. G. Henry, R. 5, Perryville Mo

15. FILED 1/23, 30 W. J. Mark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 20th 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 19th 1930, to Jan 20th, 1930 that I last saw her alive on Jan 20th, 1930, and that death occurred, on the date stated above, at 11:45 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Congestion of Bowels
119 B (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 119 B (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) W. H. Parks, M. D. (Address) Perryville 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 Cross Roads Cem. DATE OF BURIAL 1-22 1930

20. UNDERTAKER Zellner & Gentry ADDRESS Perryville

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.

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