MAY 23 1930

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

Do not use this space.

11933

1. PLACE OF DEATH
County Cape Girardeau — Registration District No. 125 — File No.
Township ~~Cape~~ — Primary Registration District No. 3009 — Registered No. 377
City Cape Girardeau Mo (No. S.E. Mo Hospital St. Ward)

2. FULL NAME Earl Clyde Henry

(a) Residence. No. 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 30 - 1912

7. AGE: 17 YEARS — MONTHS: 4 — DAYS: 20 — If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN) Near Jackson Mo.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Adam Henry
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Near Jackson Mo
12. MAIDEN NAME OF MOTHER Cora Schoenebeck
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Near Jackson Mo

14. INFORMANT Adam Henry
(Address) Jackson Mo.

15. FILED 4-22, 1930 C. C. Kaempfer REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4 - 20 - 1930

17. I HEREBY CERTIFY, That I attended deceased from Apr 1, 1930, to Apr. 20, 1930 that I last saw h. alive on , 19 , and that death occurred, on the date stated above, at 9 30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Flu Pneumonia followed by Hemorrhage of Lungs
(duration) yrs. mos. 20 ds.

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) E. R. Schow, M. D
4-21, 1930 (Address) Jackson 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: St Johns Cemetery — DATE OF BURIAL: April 22 1930

20. UNDERTAKER: Mrs Combs Furn & Und Co — ADDRESS: Jackson 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.