

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

Do not use this space.

1091

1. PLACE OF DEATH

County Haworth
Township Clinton
City Glasgow (No.) St. Ward)

Registration District No. 379
Primary Registration District No. 4223

File No.
Registered No.

2. FULL NAME

Charles C. Hemenway
(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 40 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) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 17/1850

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
80 10 30

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work educator & minister
(b) General nature of industry, business, or establishment in which employed (or employer) 191
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Amber
(STATE OR COUNTRY) New York

10. NAME OF FATHER Seneca Hemenway

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

12. MAIDEN NAME OF MOTHER Lucy Frances

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

14. INFORMANT Charles C. Hemenway
(Address) 473 Grand St. Chicago

15. FILED 2/9 1931 B. H. Temple
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 16 1931

17. I HEREBY CERTIFY, That I attended deceased from 1:
6, 1931., to 1-16, 1931.,
that I last saw him alive on 1-16, 1931., and that
death occurred, on the date stated above, at 4:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho-Pneumonia
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Influenza
(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. B. Stetson M. D.

1-17-1931 (Address) Chicago 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 DATE OF BURIAL
Washington Cemetery Jan 18 1931

20. UNDERTAKER
Vanderwever & Audley Chicago
ADDRESS

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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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JUN 21 1955