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.

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

Do not use this space.

4074

1. PLACE OF DEATH

County..... Registration District No. 791 1002

Township..... Primary Registration District No.....

City..... (No. 2954 Thomas Street St. ..... Ward)

File No.....

Registered No. 1406

2. FULL NAME Nelson Henry.

(a) Residence. No. 2954 Thomas Street St., 21 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 7 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: Negro

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hanah Henry

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10-15- 1876.

7. AGE: Years 54 | Months 3 | Days 9 | If LESS than 1 day, ...hrs. or ....min.

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

9. BIRTHPLACE (CITY OR TOWN) Jefferson Conty
(STATE OR COUNTRY) Miss,

PARENTS

10. NAME OF FATHER Simon Henry.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Jefferson C,
(STATE OR COUNTRY) Miss,

12. MAIDEN NAME OF MOTHER Pursilla Russall

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Clavin
(STATE OR COUNTRY) Miss,

14. INFORMANT Hanah Henry
(Address) 2954 Thomas Street.

15. FEB 1 1931 Filed....., 19.... Mae C. Starkey Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 30 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 24, 1931, to Jan 30, 1931, that I last saw him alive on Jan 30, 1931, and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cocomalia Malaria
(duration) ....yrs. ....mos. 6 ds.

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 295 W J Lunnas

DID AN OPERATION PRECEDE DEATH? no. DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) O. F. Shrader, M. D.

, 19 (Address) 2746 Hunt Ave

*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: Father Dickson Cemtary | DATE OF BURIAL: 2-4-31.

20. UNDERTAKER: E. W. Reynolds Co. | ADDRESS: 3015 Bell