

23

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

Do not use this space.

4739

1. PLACE OF DEATH

County CaldwellRegistration District No. 96Township HamiltonPrimary Registration District No. 4058City Hamilton (No. _____) St. _____ Ward _____

File No. _____

Registered No. 72. FULL NAME Florence Nevada Henry(a) Residence, No. _____ St. _____ Ward 0
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) Ernest Henry6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 1st 18707. AGE YEARS 61 MONTHS _____ DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 224

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Hamilton (STATE OR COUNTRY) Mo.13. NAME Franklin McColson14. BIRTHPLACE (CITY OR TOWN) 31 (STATE OR COUNTRY)15. MAIDEN NAME Susana Dodge16. BIRTHPLACE (CITY OR TOWN) Caldwell Co. (STATE OR COUNTRY) Mo.17. INFORMANT Mrs Joe Kautz (ADDRESS)18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE Feb 17 193119. UNDERTAKER John Haughton (ADDRESS)20. FILED Feb 16 1931 Merle Brown Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 16 193122. I HEREBY CERTIFY, That I attended deceased from Feb-16 1931, to Feb-16 1931I last saw h. ex. alive on Feb. 16 Mo. 1931. Death is saidto have occurred on the date stated above, at 6:15 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Valvular Heart Disease925/20

Other contributory causes of importance

Cardiac asthma

Name of operation _____ Date of _____

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify _____

(Signed) J. M. Daley, M. D.(Address) Hamilton, 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.

