MAR 23 193

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

Do not use this space.

4768

1. PLACE OF DEATH

14

County Callaway, Registration District No. 104

Township Fulton, Primary Registration District No. 5153

City ..... (No. ....., ... St. ..... Ward)

File No. .....

Registered No. 39

2. FULL NAME James Staffod Henage

(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): ~~Widowed~~, Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ~~Dont Know,~~ Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct, 24th, 1851,

7. AGE: Years 79; Months 3; Days 21; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dont Know,

10. Date deceased last worked at this occupation (month and year) Dont Know

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky,

FATHER

13. NAME Richard Fountain Henage,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va,

MOTHER

15. MAIDEN NAME Dont Know,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know,

17. INFORMANT J, A, Hughes,
(ADDRESS) Warrenton, Mo,

18. BURIAL, CREMATION, OR REMOVAL
PLACE U, B, Church, DATE Feb, 17th, 1931

19. UNDERTAKER Herndon-Taylor Furn-Co,
(ADDRESS) Fulton, Mo,

20. FILED Feb 16 1931 R. N. Crews Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 15 1931

22. I HEREBY CERTIFY, That I attended deceased from ..... 1920, to 1929

I last saw him alive on Feb. 23, 1929 Death is said to have occurred on the date stated above, at ..... m.

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

Fracture of femur, caused by an accidental fall on the floor while attempting to walk. He continue to lose blood & with fatty sinking confined to the bed.

Date of onset

Other contributory causes of importance:

1860

1868

1872

1872

Name of operation none Date of .....

What test confirmed diagnosis Clinical Sy 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? .....

If so, specify .....

(Signed) R. N. Hughes, M. D.

(Address) Fulton 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.