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

Do not use this space.

13935

File No. .....

Registered No. 10

1. PLACE OF DEATH

County Henry — Registration District No. 349

Township Tebo — Primary Registration District No. 4207

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

2. FULL NAME Haram E. 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 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

JUN 26 1931

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Widower

5A. If ~~MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Rebca Henry

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 6 - 1853

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	77	11	28	

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

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTY) Johnston Co

PARENTS

10. NAME OF FATHER Haram Henry
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dary Co (STATE OR COUNTY) North Carolina
12. MAIDEN NAME OF MOTHER Dont Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTY) Dont Know

14. INFORMANT W. O. Henry
(Address) Leal Station

15. FILED 5/2, 1931 Mrs. A. A. Gray REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 3 - 31 1931

17. I HEREBY CERTIFY, That I attended deceased from Mar 28, 1931, to Mar 3, 1931, that I last saw him alive on March 3, 1931, and that death occurred, on the date stated above, at 11:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchial Flu
- 11 A

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY) 11 A

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH At place Death
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? None
(Signed) J. R. Hamilton, M. D.
, 19 (Address) Clinton 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
Calhoun Cemetery	April 5 1931

20. UNDERTAKER	ADDRESS
J. A. Housey	Calhoun Mo