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.

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

Do not use this space.

21706

1. PLACE OF DEATH
County Jackson
Township Kaw
City K.C. Mo (No. 1522 Lawn St. Ward)
Registration District No. 399
Primary Registration District No. 1002
File No. 2041
Registered No. 2041

2. FULL NAME Roma Henshaw
(a) Residence. No. 1522 Lawn St., 14 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 Fe
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fredric C. Henshaw

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 11. 1858

7. AGE YEARS 73 MONTHS 4 DAYS 15 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) 239
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Gallipolis
(STATE OR COUNTRY) Ohio

PARENTS
10. NAME OF FATHER Nicholas Sovarin
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) France
12. MAIDEN NAME OF MOTHER Emly Sovarin
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) France

14. INFORMANT Mr. Henshaw
(Address) 1522 Lawn

15. FILED 6/29, 1931 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 26 1931

17. I HEREBY CERTIFY, That I attended deceased from 1-10-, 1931, to 6-26-, 1931 that I last saw her alive on 6-26-, 1931 and that death occurred, on the date stated above, at 3.20 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Haemorrhage
930
8 YR
(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) Chronic Myocarditis
(duration) yrs. 6 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) Thomas P. Sawyer, M. D.
6/27, 1931 (Address) 1701 Jackson

*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 Elmwood
DATE OF BURIAL June 29, 1931

20. UNDERTAKER Rose & Henderson
ADDRESS 15 Jackson

, 5 2 2 Kowyn