

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

Do not use this space.

25500

1. PLACE OF DEATH

County Lafayette Registration District No. 464
Township Clay Primary Registration District No. 5622A
City..... (No. St. Ward)

2. FULL NAME

Henry Claus Henning
(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 wh. Divorced 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Loretta May Henning

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12/2-1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
45 7 X

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year).....
11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

13. NAME Henry Henning

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Magretha Burk

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs. Magretha Henning
Bates City Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Concordia DATE 7/4 1951

19. UNDERTAKER (ADDRESS) Z. Webb
Oak Grove Mo.

20. FILED 8-4 1951 A. C. Schooley
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/2/31

22. I HEREBY CERTIFY, That, I attended deceased from, 19...., to, 19....

I last saw h. alive on, 19.... Death is said to have occurred on the date stated above, at 7:30 p.m.

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

Hemorrhage
Shot through Heart
suicide
Date of onset

Other contributory causes of importance: gunshot wound #12

Name of operation..... Date of.....
none 167

What test confirmed diagnosis?..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? suicide Date of injury, 19....

Where did injury occur? Bates City, Mo.
(Specify city or town, county, and State)

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

Manner of injury suicide
Nature of injury suicide

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify.....

(Signed) Edmund J. Jirik, M. D.
(Address) Concordia Mo.

Crown, Lafayette Co.

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.

AUG 26 1931

MARION RESERVED FOR BUREAU

