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.

NOV 24 1931

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

Do not use this space.

34271

1. PLACE OF DEATH

County: Howard — Registration District No.: 378 — File No.:

Township: Bonneferme — Primary Registration District No.: 5527 — Registered No.: 86

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

2. FULL NAME: Henry Thomas Heren

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

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): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Husband of Beltie Heren

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb-7-1853

7. AGE: YEARS 78 — MONTHS 6 — DAYS 23 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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): Howard

FATHER

13. NAME: George Heren
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Howard Co

MOTHER

15. MAIDEN NAME: Syrenda Emery
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Howard Co

17. INFORMANT (ADDRESS): Mrs Beltie Heren, Higbee Mo R F D

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Myers Chapel — DATE: Myers Chapel Nov 1 1931

19. UNDERTAKER (ADDRESS): C. L. Felan, Higbee Mo

20. FILED: 11-6-1931 V. O. Bonham, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 30, 1931

22. I HEREBY CERTIFY, That I attended deceased from Mar 15, 1931, to Oct 30, 1931.
I last saw him alive on Oct. 16, 1931. Death is said to have occurred on the date stated above, at 8 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	First 3-15-31
	Second stroke Oct 16-31
Paralysis almost complete	
Other contributory causes of importance:	
Arterio Sclerosis	1925

Name of operation: ..... Date of: .....
What test confirmed diagnosis? Clinical Was there an autopsy? .....

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) C. F. Burnhalter, M. D.
(Address) Physician Higbee Mo.