

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

Do not use this space.

37016

1. PLACE OF DEATH

County Butler
Township St. Francis
City Rombauer

Registration District No. 990
Primary Registration District No. 5133

File No. _____
Registered No. 10
St. _____ Ward _____

2. FULL NAME Fred Henry

(a) Residence, No. Rombauer, Missouri St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 75 yrs. 10 mos. 17 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 Margaret Henry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 1 - 1851
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 10 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. sawmill
10. Date deceased last worked at this occupation (month and year) 1914 11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Pennsylvania

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Marcella Gray (ADDRESS) Poplar Bluff, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Rombauer Cemetery DATE Nov. 19, 1931

19. UNDERTAKER A.W. Greer (ADDRESS) Poplar Bluff, Missouri

20. FILED _____, 19____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 18, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 9th 1931, to 18 1931
I last saw him alive on Nov. 9 1931. Death is said to have occurred on the date stated above, at 9:50 AM

The principal cause of death and related causes of importance were as follows:
Intoxication at the time of death Date of onset 1929

Other contributory causes of importance:
25

(Name of operation) _____ Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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) A.W. Greer, M. D.
(Address) Poplar Bluff Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC 21 1931

