

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

Do not use this space.

41697

1. PLACE OF DEATH

County Meriton
Township Wentworth
City Wentworth (No.)

Registration District No. 612
Primary Registration District No. 4579

File No.
Registered No.
St. Ward)

2. FULL NAME

Minnie Florence Henry

(a) Residence, No. St.
(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. — mos. — ds. How long in U. S., if of foreign birth? 20 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Virgil Henry</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec - 25 1899</u>		
7. AGE	YEARS <u>31</u>	MONTHS <u>11</u>
	DAYS <u>21</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Wiper</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Home Duty</u>	
	10. Date deceased last worked at this occupation (month and year) <u>May 1 1929</u>	11. Total time (years) spent in this occupation <u>Life</u>

12. BIRTHPLACE (CITY OR TOWN) Wentworth
(STATE OR COUNTRY) Missouri

FATHER

13. NAME William E. Stennett

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

MOTHER

15. MAIDEN NAME Ethel Hubbard

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

17. INFORMANT Virgil Henry
(ADDRESS) Hudson, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Dry Valley - 1 DATE Dec - 18 1931

19. UNDERTAKER Funerary and Co
(ADDRESS) Hudson, Mo.

20. FILED 12-17 1931 Grace Hudson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 16 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 16 1931 to Dec 16 1931.
I last saw her alive on Dec 16 1931. Death is said to have occurred on the date stated above, at 2:08 p.m.
The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis
23A
23B
Other contributory causes of importance:

Name of operation none 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? 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 76

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Lang Simmons, M. D.
(Address) Corcoran, Mo.

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.

DEC 20 1931

