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

Do not use this space.

683

1. PLACE OF DEATH
County Franklin — Registration District No. 296 — File No.
~~Township~~ Union — Primary Registration District No. 4180 — Registered No.
City T. Union (No. ..... St. ..... Ward)

2. FULL NAME Catherine T. McHenry
(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: Female
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 John, McHenry

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June, 10, 1856

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
75	7	0	

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

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

PARENTS
10. NAME OF FATHER Bernard, Early.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Irland
12. MAIDEN NAME OF MOTHER Sarah McDermott
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Irland

14. INFORMANT John, McHenry
(Address) Union, Mo.

15. FILED Jan. 11, 1932 E. A. Sterberger REGISTRAR
E. A. Sterberger

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan, 10, 1932

17. I HEREBY CERTIFY, That I attended deceased from May 2, 1931, to Jan 10, 1932 that I last saw her alive on Jan 10, 1932, and that death occurred, on the date stated above, at 11 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arteries Sclerosis
97 9 07
(duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) ✓
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Her Home
DID AN OPERATION PRECEDE DEATH? no DATE OF ✓
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) E. A. Sterberger, M. D
Jan 11, 1932 (Address) Union Mo

*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: Immaculate Conception Church Cemetery, Union, Mo.
DATE OF BURIAL: Jan, 12, 1932

20. UNDERTAKER: Union Furniture Co, By. Wm Horn
ADDRESS: Union, 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.