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

Do not use this space.

6694

File No.

Registered No. 1770

1. PLACE OF DEATH

County

Registration District No. 79

Township

Primary Registration District No.

City St. Louis (No. 2620 Lafayette Ave St. Ward)

2. FULL NAME Adeline Henry

(a) Residence. No. 2620 Lafayette Ave St., 23 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widow

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 28-1865

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	66	10	25	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer: ----------

9. BIRTHPLACE (CITY OR TOWN): Centerville
(STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: James Lay

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Tennesee

12. MAIDEN NAME OF MOTHER: Emily Botkin

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Kentucky

14. INFORMANT: Jesse Henry
(Address) 2620 Lafayette Ave

15. FILED 23 1932 Max C Starling REGISTRAR

5 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): February 23 1932

17. I HEREBY CERTIFY, That I attended deceased from Feb. 19th, 1932, to Feb. 23rd, 1932, that I last saw her alive on Feb. 22nd, 1932, and that death occurred, on the date stated above, at 4.45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cardiac Dyscompensation due Chronic Myocarditis & Arteriosclerosis

117B

93C (duration) yrs. mos. 4 ds.

95B

CONTRIBUTORY (SECONDARY) Intestinal Obstruction partial due to scar of Old Duodenal Ulcer (duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 117B

IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No (1)

WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) H C Klapper, M. D.

2/23, 1932 (Address) 3801 S. Broadway

*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	DATE OF BURIAL
Centerville Missouri	2/25 1932

20. UNDERTAKER: A. W. McLaughlin — ADDRESS: 1631 Mo Ave

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.