

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.

JUL 23 1932

12338-3

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

Do not use this space.

1. PLACE OF DEATH
4/1 County Harrison Registration District No. 341
8 Township Primary Registration District No. 4304
2 City Ridgeway (No., St. Ward) 7

2. FULL NAME William H. Henry

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elle Henry 1844

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 22, 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 5 1

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) 1920 11. Total time (years) spent in this occupation 65

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

FATHER
13. NAME William Henry
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ohio

MOTHER
15. MAIDEN NAME Sarah Shukaker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ohio

17. INFORMANT (ADDRESS) Clyde Henry Ridgeway, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ridgeway DATE 4/25 1932

19. UNDERTAKER (ADDRESS) Dr. R. H. Mowrey Ridgeway Mo

20. FILED 4.25 1932 J. L. Brewer
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 23 1932

22. I HEREBY CERTIFY, That I attended deceased from March 22, 1932, to March 23, 1932.
I last saw him alive on April 21, 1932. Death is said to have occurred on the date stated above, at 10:30 P.M.
The principal cause of death and related causes of importance were as follows:
Bronchopneumonia
Senility

Date of onset Unknown

Other contributory causes of importance:
Senility

Name of operation ✓ Date of ✓
What test confirmed diagnosis? ✓ 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 2, 1932
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) Jos. H. Mowrey, M. D.
(Address) Ridgeway, Mo

