

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

Do not use this space.

36707

1. PLACE OF DEATH

County Pike Registration District No. 686
Township Spencer Primary Registration District No. 5913
City (No.) St. Ward

2. FULL NAME Henry Inlow

(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) to Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary J Inlow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29 - 1838

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
94 9

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

FATHER 13. NAME Do not know

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

MOTHER 15. MAIDEN NAME Do not know

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

17. INFORMANT (ADDRESS) Cornelius Inlow

18. BURIAL, CREMATION, OR REMOVAL PLACE Int care - DATE Nov 1 1932

19. UNDERTAKER (ADDRESS) W S Moten

20. FILED Dec 1 1932 Gene E Henderson

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 29 1932

22. I HEREBY CERTIFY That I attended deceased from Nov 17 1932 to Nov 17 1932

I last saw him alive on Nov 17 1932 Death is said to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance were as follows:

Subacute Pneumonia
97
111B
Other contributory causes of importance: Arteriosclerosis ①

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 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) J R Shattuck M. D.
(Address) Chicago Ill

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.

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