

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

Do not use this space.

37559

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 791
City St. Louis (No. 5617, Cabanne)

File No.
Registered No. 10234
St. Ward)

2. FULL NAME

Henry W. North
(a) Residence, No. 5617 Cabanne St., 5 Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Belle North

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 11 - 1866

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. min.
65 11 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. clerk \$35

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen. Merchant

10. Date deceased last worked at this occupation (month and year) 1930 11. Total time (years) spent in this occupation 12yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Calif 2

13. NAME Henry North

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo 1

15. MAIDEN NAME Mary Engle

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

17. INFORMANT Belle North (ADDRESS) 5617 Cabanne

18. BURIAL, CREMATION, OR REMOVAL PLACE Calidonia Mo DATE 11-21-32

19. UNDERTAKER Norman White (ADDRESS) W. C. Strickland

20. FILED NOV 20 1932 19. W. C. Strickland Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 30, 1928, 19... to Nov. 18, 1932, 19...

I last saw him alive on Nov. 18, 1932. Death is said to have occurred on the date stated above, at 10 P. m.

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

Aortic Insufficiency Date of onset

Other contributory causes of importance:

Name of operation None 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 None

Nature of injury (1)

24. Was disease or injury in any way related to occupation of deceased?

If so, specify St. Van Hooker

(Signed) St. Van Hooker, M. D.

(Address) 8313 Halls Ferry Rd. City

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.

