

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

Do not use this space.

6140

1. PLACE OF DEATH

49 County Jackson Registration District No. 40 D File No. _____
 Township East Jackson Primary Registration District No. 55639 Registered No. _____
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Elmer Henry
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) Uniontown
 Length of residence in city or town where death occurred yrs. 5 mos. 11 ds. 4 How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar-29-1852
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
80 11 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labour
 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 10 1/2

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

MOTHER 13. NAME Wm Henry

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER 15. MAIDEN NAME Sarah Scener

FATHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

17. INFORMANT J C Trentman
 (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Country Farm DATE 2/4/33 19
County

19. UNDERTAKER Elmer - Braish
 (ADDRESS) Uniontown

20. FILED Feb 4 1933 J H Fitcham
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 2nd 1933

22. I HEREBY CERTIFY That I attended deceased from June 26 1932 to Feb 2 1933
 I last saw him alive on Jan 31 1933. Death is said to have occurred on the date stated above, at 8:30 A.M.

The principal cause of death and related causes of importance were as follows:
Chronic Spl. Hemid
92A / 92A
 Other contributory causes of importance: _____
 Date of onset _____

23. 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 C Trentman, M. D.
 (Address) Washington

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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