

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

Do not use this space.

8347

1. PLACE OF DEATH

County Lewis
Township Canton
City Canton

Registration District No. 477
Primary Registration District No. 4286

File No. _____
Registered No. 13
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Philadelphia, Mo.

Length of residence in city or town where death occurred — yrs. — mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 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 Lawrence Allen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 2, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 5 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) 2-5-1933 11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbus, Ill.

13. NAME Martin Henning

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

15. MAIDEN NAME Catherine Enghart

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

17. INFORMANT Eliza Haggerty
(ADDRESS) mapwood mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Columbus, Ill. DATE Feb. 17, 1933

19. UNDERTAKER B. M. Allen, Philadelphia, Mo.
(ADDRESS)

20. FILED Feb. 16, 1933 W. H. Harris
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 12, 1933 to Feb. 15, 1933

I last saw him alive on Feb. 15, 1933 Death is said

to have occurred on the date stated above, at 5:40 p.m.

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

Shock following operation for removal of appendix and cystic artery

Other contributory causes of importance: ✓

Name of operation Appendectomy & Omentectomy Date of Feb. 11, 1933

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) P. W. Jennings, M. D.

(Address) Canton Missouri

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