

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

Do not use this space.

8709

1. PLACE OF DEATH
 County Callaway Registration District No. 104
 Township _____ Primary Registration District No. 3008
 City Fulton (No. _____) St. _____ Ward _____

2. FULL NAME Henry Jerry (Jerry)

4-2 (a) Residence, No. Cooper Co Mo St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 3 yrs. 6 mos. 13 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) No information

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>71</u>	<u>+</u>	<u>+</u>	

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) Missouri

13. NAME No information

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No information

15. MAIDEN NAME No information

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No information

17. INFORMANT State Hospital Records (ADDRESS) Fulton Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Cooper Co DATE 4/7 1933

19. UNDERTAKER Hendon Taylor (ADDRESS) Fulton Mo

20. FILED 3-31 1933 G. N. Crews Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar-31-1933

22. I HEREBY CERTIFY, That I attended deceased from March-25-1933 to Mar-31-1933
 I last saw him alive on Mar-30-1933 Death is said to have occurred on the date stated above, at 12:10 a.m.
 The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis Date of onset _____
23A
93C 23
 Other contributory causes of importance: chronic myocarditis

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) T. R. Frazier, M. D.
 (Address) Fulton Mo

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.

APP 24 1933
 14
 22
 7

31
 58

