

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

Do not use this space.

1. PLACE OF DEATH.

96 County St. Louis Registration District No. 289
Township Central Primary Registration District No. 6033B
City St. Louis (No. St. Vincent) St. _____ Ward _____

File No. 14441
Registered No. 132

2. FULL NAME.

Agnes B. Henley
(a) Residence, No. 7404 Gayola Pl 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 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 Frank J. Henley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 9 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

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) St. Louis (STATE OR COUNTRY) Mo

13. NAME John Holleran

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

15. MAIDEN NAME Mary Session

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

17. INFORMANT Frank J. Henley (ADDRESS) 7404 Gayola Pl

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE May 1, 1933

19. UNDERTAKER Wm. T. Paschedal (ADDRESS) 2825 No. 4 and 7 St

20. FILED 4/28 1933 John Gray M. J. Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 27 1933

22. I HEREBY CERTIFY, That I attended deceased from april 1932 to april 27 1933
I last saw her alive on april 27 1933 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:

chronic myocarditis
chronic interstitial nephritis
Melancholia agitata.
Date of onset

Name of operation no Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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? no
If so, specify _____
(Signed) Ernest A. Walker M. D.
(Address) Perfrome Rd

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.
MAY 24 1933

