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.

SEP 26 1933

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

Do not use this space.

25259

File No.

Registered No. 6749

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No. 7[illegible]

City St Louis Mo (No. City Hospital #2 St. Ward)

2. FULL NAME Will Henry

(a) Residence, No. 3512 Washington St. 19 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: Male

4. COLOR OR RACE: Col

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE~~ OF Matilda Henry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-4-1870

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
63	5	27	

OCCUPATION

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

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

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) Ark

FATHER

13. NAME Alex Henry

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

MOTHER

15. MAIDEN NAME Marion Moss

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

17. INFORMANT (ADDRESS) A. Gertrude Creath City Hospital #2

18. BURIAL, CREMATION, OR REMOVAL

PLACE Father Dickson DATE Aug 4 1933

19. UNDERTAKER (ADDRESS) Wm C. McDowell 3511 Franklin Ave.

20. FILED AUG -3 1933 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-31-, 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-11, 1933, to 7-31-, 1933

I last saw him alive on 7-31 9:35, 1933 Death is said to have occurred on the date stated above, at a m.

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

Date of onset

Cancer of Stomach (malignant)

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Xray Was there an autopsy? no

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) R. G. Robinson, M. D.

(Address) City Hospital #2