

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

Do not use this space.

33979

1. PLACE OF DEATH

78 County Boonville Registration District No. 653
Township Paragardelo Primary Registration District No. 5871
City (No.) St. Ward)

File No.
Registered No. 129

2. FULL NAME

(a) Residence, No. 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX girl 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 23, 1929

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>4</u>	<u>2</u>	<u>4</u>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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) Osidon, Mo.

FATHER 13. NAME Henry Henson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Charter Oak, Mo.

MOTHER 15. MAIDEN NAME Anna Louise

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bikeston, Mo.

17. INFORMANT Henry Henson (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Chapel, Mo. DATE 10-28-1933

19. UNDERTAKER H. J. ... (ADDRESS)

20. FILED 10-28-1933 J. J. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Oct. 27, 1933, to Oct. 27, 1933
I last saw her alive on Oct. 27, 1933 Death is said to have occurred on the date stated above, at 12 P. M.

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

Permeious Date of onset 1-1-35
Anemia
Malaria 38 38 38
Other contributory causes of importance: 38 38 38

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 Clerk M. D.
(Signed) Deering, Mo.
(Address) Deering, 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.

NOV 10 1933

