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 25 1934

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

Do not use this space.

File No. 15120

Registered No. 4335

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City ST. LOUIS. MO. (No. 4954 LABADIE AVENUE. St. ..... Ward)

2. FULL NAME HARRY MAGILL HENRY.

(a) Residence, No. 4954 LABADIE. St., 6 Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
MALE.	WHITE.	MARRIED.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/2/1861/

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
73	1	26	

OCCUPATION

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

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

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) ST. LOUIS. MO.

FATHER

13. NAME WILLIAM I HENRY.

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

MOTHER

15. MAIDEN NAME MARY C BARR.

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

17. INFORMANT (ADDRESS) OLIVER B. HENRY. 4954 LABADIE AVE.

18. BURIAL, CREMATION, OR REMOVAL
PLACE BELLEFONTAIN. DATE 4/30/34

19. UNDERTAKER (ADDRESS) Provost Und. Co 3710 N Grand Blvd

20. FILED APR 30 1934 J. H. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/28/34, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 19 34, to April 28, 19 34

I last saw him alive on April 28, 19 34. Death is said to have occurred on the date stated above, at 12-55 m A. M.

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

Myocarditis Chronic — Date of onset Jan 1933

Other contributory causes of importance:

Arteriosclerosis — Jan 1930

Name of operation ..... 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? ..... 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) W E Jones, M. D.

(Address) 3500 Olive St

Dr Yanes. 7:20 P.M.
4500 Olive St