

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.

15455

1. PLACE OF DEATH

County Stoddard
Township Duck Creek
City (No. _____) _____

Registration District No. 840
Primary Registration District No. 6102

File No. _____
Registered No. 23
St. _____ Ward _____

2. FULL NAME George W. Henry

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

2 MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-10, 1934

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

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1934, to April 10, 1934

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Don't know

I last saw him alive on April 10, 19____. Death is said to have occurred on the date stated above, at 11:50 P.M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. Don't know

The principal cause of death and related causes of importance were as follows:
Abuse Abuse of
High Pressure
Impulse

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. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Other contributory causes of importance: 11/14/19

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buller County Mo

13. NAME Henry Henry

Name of operation _____ Date of _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buller County Mo

What test confirmed diagnosis? _____ Was there an autopsy? _____

15. MAIDEN NAME Adella Stanley

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) Philip Henry

Manner of injury _____

Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Wappapulla Mo DATE Apr 12 34

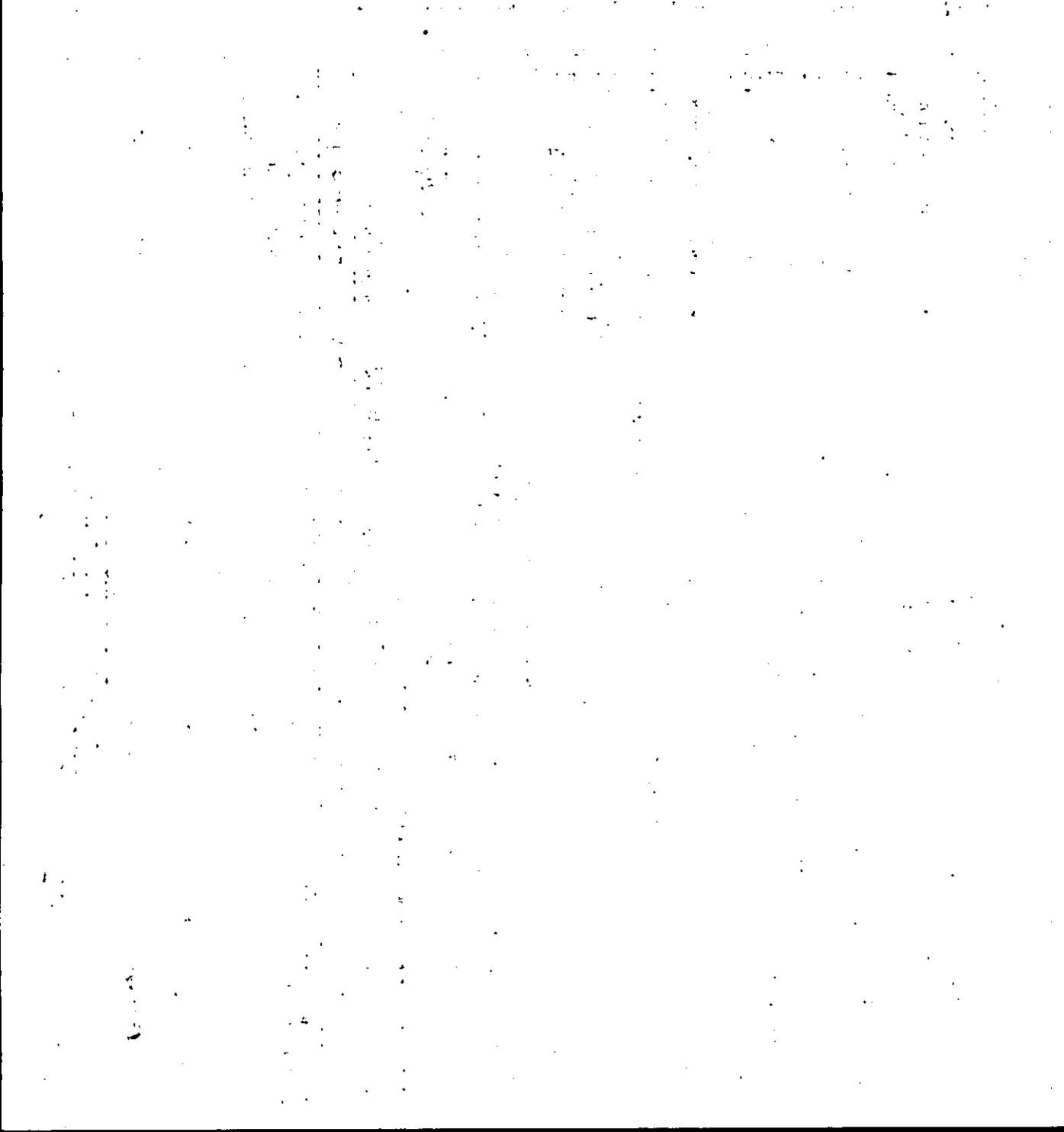
24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify _____

19. UNDERTAKER (ADDRESS) Hickman White Smith

(Signed) E. J. Thomas, M. D.

20. FILED April 12, 1934 E. J. Hope Registrar.

(Address) Wappapulla Mo



S-15453