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.

JUN 22 1934

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

Do not use this space.

1. PLACE OF DEATH

County Johnson — Registration District No. 426 — File No. 17215

Township — Primary Registration District No. ~~5541~~ 4252 — Registered No. 7

City Chilhowee Mo (No. , St. Ward)

2. FULL NAME Mary N. Henry

(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 3 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 22-1856

7. AGE: YEARS 78 — MONTHS 4 — DAYS 6 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper
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): 4 weeks
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): not known Ill

FATHER

13. NAME: Chas Ray
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): not known

MOTHER

15. MAIDEN NAME: K Kingry
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): not known

17. INFORMANT (ADDRESS): Mrs M Alvis Chilhowee Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calhoon Mo DATE May 29-34

19. UNDERTAKER (ADDRESS): Sweeney-Cook Chilhowee Mo.

20. FILED May 28, 1934 J G Beaty Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1934, to May 28, 1934

I last saw her alive on May 26, 1934 Death is said to have occurred on the date stated above, at 7.30 A.M

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

Inanition 55E 162 55e

Date of onset: don't know

Other contributory causes of importance: Abdominal tumor unclassified.

Name of operation — Date of

What test confirmed diagnosis? Clinical 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) J G Beaty, M. D.

(Address) Chilhowee Mo