

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.

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

Do not use this space.

NOV 21 1934

38177

1. PLACE OF DEATH
 County Saline Registration District No. 799
 Township Slater Primary Registration District No. H479
 City Slater (No. _____) St. _____ Ward _____

2. FULL NAME Mable Marie Henry
 (a) Residence, No. Slater mo St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 2 - 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 4 14

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

FATHER
 13. NAME L. H. Howard
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
 15. MAIDEN NAME Nora Sutton
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo

17. INFORMANT Audrey Henry Slater mo
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Slater City burying DATE 10-17 1934

19. UNDERTAKER Hill Bros Slater mo
 (ADDRESS)

20. FILED 10-17 1934 W. M. Tuttle
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-16 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept--16--, 1934, to Sept--16--, 1934.
 I last saw her alive on Sept-16, 1934. Death is said to have occurred on the date stated above, at 2:10 a.m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Apoplexy
82 P. 82 a 1
 Date of onset 10/16/34

Other contributory causes of importance: None

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 _____
 (Signed) M. C. Sullivan, M. D.
 (Address) Slater Mo.

