

JAN 1 2 1935

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

Do not use this space.

42661

39. PLACE OF DEATH

County Greene Registration District No. 318  
Township North Campbell Primary Registration District No. 2439  
City (No. County Farm) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. 341

2. FULL NAME Henry Effingham

(a) Residence, No. Route 4 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) No

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF No

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
79

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. No  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. No  
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) No

FATHER 13. NAME No

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No

MOTHER 15. MAIDEN NAME No

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No

17. INFORMANT Supt - County Farm  
(ADDRESS) Route 4

18. BURIAL, CREMATION, OR REMOVAL PLACE Greene Co Farm DATE 12-3-34

19. UNDERTAKER W. M. McDonald  
(ADDRESS) Route 4

20. FILED 12-3-1934 R. W. Langston  
Registrar

1. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 3, 1934

22. I HEREBY CERTIFY That I attended deceased from Oct 1, 1934, to Dec 3, 1934

I last saw him alive on Oct 1, 1934. Death is said to have occurred on the date stated above, at 12 m.

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

Bronchial Pneumonia  
807  
1914  
8201  
Other contributory causes of importance:  
Cerebral Hemorrhage  
Date of onset \_\_\_\_\_

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 Ronald F. Etkins, M. D.  
(Signed) Springfield, Mo.  
(Address)

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.

