

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.

JAN 14 1935

44007

1. PLACE OF DEATH

County Pike
Township ~~Sumner~~
City Pumpling Green No. _____

Registration District No. 684
Primary Registration District No. 4408

File No. _____
Registered No. 44
St. _____ Ward _____

2. FULL NAME

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs H. E. Henry</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr. 4 1897</u>		
7. AGE	YEARS <u>32</u>	MONTHS <u>8</u>
	DAYS <u>6</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>retired farmer</u>	
	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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/11, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug, 1934, to _____, 19____.

I last saw him alive on about Nov 5, 1934. Death is said to have occurred on the date stated above, at 10 P m.

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

Old age

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Candlen Co. Mo

FATHER 13. NAME Thomas Henry

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

MOTHER 15. MAIDEN NAME Nancy Eddie

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

17. INFORMANT (ADDRESS)
Mrs. Starden Henry
Bowling Green Mo

18. BURIAL, CREMATION, OR REMOVAL
Lansingville Cemetery DATE Dec. 12, 1934

19. UNDERTAKER (ADDRESS)
Grace Bankhead
Bowling Green Mo

20. FILED 110 1935 W. B. Bummer Registrar.

(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 _____ M. D.
(Signed) W. Matthews
(Address) Bowling Green Mo

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