

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 5 1935 *Duplicate original lost*

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

Do not use this space.

5177-a

1. PLACE OF DEATH

County Howell Registration District No. 384  
Township Howell Primary Registration District No. 5535  
City (No. , St. Ward)

2. FULL NAME William J. Henkel

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

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>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Gladys Henkel</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 4, 1898</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>37</u>	<u>1</u>	<u>3</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Optometrist</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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City, Mo.

MOTHER FATHER 13. NAME Jos. R. Henkel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baltimore, Md.

15. MAIDEN NAME Mary E. -----

MOTHER FATHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs. Gladys Henkel Conway, Mo.

18. BURIAL PLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield, Mo. National Cemetery DATE Feb. 10, 1935

19. UNDERTAKER (ADDRESS) Robertsons' Mortuary West Plains, Mo.

20. FILED Feb. 8, 1935 Vida W. SIMONS Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 10:30 P.M.

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

Myocarditis  
War veteran who was gassed during service. Had been suffering from neuritis 12 years. Also suffered constantly from shell shock  
Other contributory causes of importance: shell shock

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) Paige Robertson, Coroner W.D.  
(Address) West Plains, Missouri

