

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

Do not use this space.

5598

MAR 20 1935

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kan City (No. St Marys Hosp)

Registration District No. 399
Primary Registration District No. 1002

File No. 393
Registered No. 393
St. _____ Ward _____

2. FULL NAME

Elona Marie McHenry
(a) Residence, No. McLouth, Kan. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 2 - 1935

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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) McLouth Kan

13. NAME Harold McHenry

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

15. MAIDEN NAME Ethel Mae Shum

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

17. INFORMANT (ADDRESS) Harold McHenry Kan

18. BURIAL, CREMATION, OR REMOVAL PLACE McLouth, Kan 2/26/35

19. UNDERTAKER (ADDRESS) H. Bergman

20. FILED 2/26 1935 M. M. Crowder Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 26 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 25 1935 to Feb 26 1935

I last saw him alive on Feb 26 1935 Death is said to have occurred on the date stated above, at _____ m.

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

Acute Septicemia Date of onset Feb 26 35

Other contributory causes of importance: Cellulitis of Hand & Humeral Feb 15
Cond.

Abscess Round ligament Tride Feb 15

Name of operation _____ Date of _____
What test confirmed diagnosis? Feb 2 Clin. Was there an autopsy? Yes

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) D. Dawson Walcott, M. D.
(Address) 612 Prof. Bldg. K.C. Mo

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.

