

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 21 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Henry
 Township Clinton
 City Clinton

Registration District No. 347Primary Registration District No. 5488File No. 16261Registered No. 76

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____

(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.

Ward. _____

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

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

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

Dec 10 1910

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

Laborer

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

Leason Henry

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

Tenn

MOTHER

15. MAIDEN NAME

Hattie Beana

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

Tenn

17. INFORMANT (ADDRESS)

Leason Henry Pleasant Hill Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Pleasant Hill DATE May 16 1935

19. UNDERTAKER (ADDRESS)

W. W. H. Pleasant Hill Mo20. FILED 6-31935Dr. J. R. Hampton

Registrar

MEDICAL CERTIFICATE OF DEATH

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

May 14 193522. I HEREBY CERTIFY That deceased deceased fromMay 14th 1935 10:15 P.M. Death is saidI last saw him alive on May 14 1935to have occurred on the date stated above, at 10:15 P.M.

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

Death from his Automobile Date of onsetcolliding with abridge over Grand Riverin Henry Co. Mo. onHighway 18 on curve atother contributory causes of importance:See request was heldMay 15 1935 in ClintonMo.

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 _____ 1935

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, at home, or in public place.

Manner of injury Collided with bridgeNature of injury Injury to head, face & chest24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) M. J. Jennings(Address) Coroner of HenryClinton Mo. Co. Tenn

