

JUN 24 1935

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

Do not use this space.

16553

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township 1st Primary Registration District No. 100v
City Kansas City (No. 4c general Hosp) St. _____ Ward _____

2. FULL NAME

Charles A. Henry
(a) Residence, No. 1521 Charlotte 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1-1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 11 14

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Steno-fitted
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

FATHER
13. NAME John Henry

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

MOTHER
15. MAIDEN NAME Harriett Bingham

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

17. INFORMANT (ADDRESS) Arthur H. Henry
6735 Prospect

18. BURIAL, CREMATION, OR REMOVAL
PLACE Brent Lawn DATE May 18 1935

19. UNDERTAKER (ADDRESS) John J. Shuckler
Kansas City Mo

20. FILED May 18 1935 M. J. Cronin
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-15 1935

22. I HEREBY CERTIFY, That I attended deceased from 4-29 1935 to 5-15 1935
I last saw him alive on 5-15 1935 Death is said to have occurred on the date stated above, at 7:30 am
The principal cause of death and related causes of importance were as follows:

Central Nervous System
Les; Arteritis Date of onset _____

Other contributory causes of importance:
34
Brun Pneumonia

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) J. H. Cronin, M. D.

(Address) 4c general Hosp

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.

