

JUN 24 1935

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Reed
City Keosauqua (No. 13211)

Registration District No. 399
Primary Registration District No. 1002
Brighton

File No. 16690
Registered No. 2203
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 3211 Brighton St. _____ Ward. _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE M 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 25 - 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 4 0

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

13. NAME no record

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no record

15. MAIDEN NAME no record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no record

17. INFORMANT Charles P. Henry
(ADDRESS) 3211 Brighton, Keosauqua

18. BURIAL, CREMATION, OR REMOVAL PLACE Brookings DATE 5/28/30

19. UNDERTAKER Mrs. C. E. Foster
(ADDRESS) 918 Brookings Ave

20. FILED May 28 1935 M. H. Colomin Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25 - 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 12th, 1934, to May 25th, 1935
I last saw him alive on May 25th, 1935. Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:
Chronic Interstitial Nephritis probably several years ago before I saw him which was
Date of onset Aug 12 1934

Other contributory causes of importance:
Emphysema of a few years standing and slight dilatation of heart

Name of operation none Date of _____
What test confirmed diagnosis? See Spec 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 _____, 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) Jordan E. Ruhl, M. D.
(Address) 2614 E 15th Kansas City 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.

26142-15

Ch. 5.4.22

Room 208

7:00

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