

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.

OCT 18 1935

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

Do not use this space.

28966

1. PLACE OF DEATH

County Cass Registration District No. 147
Township Hustlin Primary Registration District No. 4081
City Archie, Mo. (No. _____) St. _____ Ward _____

2. FULL NAME Henry Lyman Waters

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 35 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Louise E. Waters</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 11, 1844</u>		
7. AGE YEARS <u>90</u>	MONTHS <u>10</u>	DAYS <u>18</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Carpenter</u>		11. Total time (years) spent in this occupation _____
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) _____

12. BIRTHPLACE (CITY OR TOWN) Eric, Penn.
(STATE OR COUNTRY)

MOTHER FATHER 13. NAME David Waters

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

15. MAIDEN NAME Chloe Hitchcock

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

17. INFORMANT Mrs. Chas. Garland
(ADDRESS) Archie, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Crescent Hill DATE Sept 28 35

19. UNDERTAKER H. Kinsol's
(ADDRESS) Archie, Mo.

20. FILED Sept 28 1935 Mrs. Dora Adair
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 27 1935

22. I HEREBY CERTIFY, That I attended deceased from July 23 1935 to Sept. 27 1935.
I last saw him alive on Sept 26 1935. Death is said to have occurred on the date stated above, at 12:40 a.m.

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

Cerebral Anemia Date of onset _____
Renal Anemia
MB

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) B. B. Stout, M. D.
(Address) Archie, Mo.

