

FEB 20 1936

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

Do not use this space.

2201

1. PLACE OF DEATH

County Missouri
Township Ohio
City (No.) St. Ward

Registration District No. 569
Primary Registration District No. 5743

File No.
Registered No.

2. FULL NAME

(a) Residence, No. 104th St 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 M 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 22-1906

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
28 6 22

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hazelhurst Miss

FATHER 13. NAME Leam Henby

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

MOTHER 15. MAIDEN NAME Ida Harvey

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

17. INFORMANT (ADDRESS) Louise Steward
104th St

18. BURIAL, CREMATION, OR REMOVAL PLACE Brush Ridge DATE Jan 8 1935

19. UNDERTAKER (ADDRESS) Lair and Co
Charleston Mo

20. FILED Jan 7 1935 Art Marshall Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 7 1935

22. HEREBY CERTIFY, That I attended deceased from Jan 6 1935, to Jan 6 1935.
I last saw him alive on Jan 6 1935. Death is said to have occurred on the date stated above, at 8:30 A.M.
The principal cause of death and related causes of importance were as follows:

Hemorrhage from penis. 12/3/35
(Cause not known)

Other contributory causes of importance:

Name of operation none Date of none
What test confirmed diagnosis? Abol 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?
If so, specify

(Signed) E. Clara Polivinsky, M. D.
(Address) Charleston, 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.

