

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

Do not use this space.

16155

APR 22 1936

1. PLACE OF DEATH

County New Madrid
Township NEW MADRID
City (No.) (St.) (Ward

Registration District No. 604
Primary Registration District No. 5802

File No.
Registered No.

2. FULL NAME

Henry Deunby

(a) Residence, No. 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 19

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
about 76

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Labour
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) Missouri

FATHER 13. NAME Deunby

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

MOTHER 15. MAIDEN NAME David Row

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

17. INFORMANT (ADDRESS) James Deunby
New Madrid

18. BURIAL, CREMATION, OR REMOVAL PLACE New Madrid DATE 4-11-36

19. UNDERTAKER (ADDRESS) New

20. FILED 4-11-36 W. J. Hoffman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr - 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to, 19.....
I last saw h..... alive on, 19..... Death is said to have occurred on the date stated above, at.....m.

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

Died without medical attention
(Probably apoplexy for history)
Date of onset

Other contributory causes of importance: g. 2 a 1

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) W. J. Hoffman, M. D.

(Address) New Madrid 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.

