

JUN 22 1936

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

Do not use this space.

19278

1. PLACE OF DEATH

County Howell Registration District No. 384  
Township ..... Primary Registration District No. 4227  
City West Plains, (No. .... St. .... Ward)

2. FULL NAME James Walter Henry

(a) Residence, No. Peace Valley, Mo. Rt. 1 Ward. ....  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 47 yrs. 8 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Single</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Sept. 29, 1918</b>		
7. AGE YEARS <b>17</b>	MONTHS <b>7</b>	DAYS <b>6</b>
If LESS than 1 day, ..... hrs. or ..... min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Farmer</b>
	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) **Howell Co., Missouri**  
(STATE OR COUNTRY)

13. NAME **Henry Thomas Henry**

14. BIRTHPLACE (CITY OR TOWN) **Howell Co., Missouri.**  
(STATE OR COUNTRY)

15. MAIDEN NAME **Clara M. Duncan**

16. BIRTHPLACE (CITY OR TOWN) **Douglas Co., Missouri.**  
(STATE OR COUNTRY)

17. INFORMANT **H. T. Henry.**  
(ADDRESS) **Peace Valley, Mo. Rt. 1**

18. BURIAL, CREMATION, OR REMOVAL **Bennett Chapel**  
PLACE **Peace Valley, Mo.** DATE **May 6, 1936**

19. UNDERTAKER **Hal Flourburgh.**  
(ADDRESS) **West Plains, Mo.**

20. FILED **May 6, 1936** **Vida M. SIMONS**  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **5/4/36**, 19

22. I HEREBY CERTIFY, That I attended deceased from **May 3rd,** 19 **36** to **5/4/36**, 19.....

I last saw h. **im.** alive on **5/4/36**, 19..... Death is said

to have occurred on the date stated above, at **7: P.M.**

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

**Haemorrhage and shock**

Date of onset

*2/10M*

Other contributory causes of importance:  
**Fracture of bones of the face, in auto accident.** **5/3/36**

Name of operation **None** Date of.....

What test confirmed diagnosis? **clinical** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? **accident** Date of injury **5/3/36**

Where did injury occur? **Near West Plains, Mo.**  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.  
**On public highway--Auto accident.**

Manner of injury **Car turned over, crushing his**

Nature of injury **Fracture both upper and lower maxilla, with loss of blood**

24. Was disease or injury in any way related to occupation of deceased? **No**

If so, specify.....

(Signed) **Hal Flourburgh**, M. D.

(Address) **West Plains, 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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

