

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

Do not use this space.

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

JUL 25 1936

1. PLACE OF DEATH
 County NEW Madrid Registration District No. 607 File No. 27459
 Township Moer Bockerton Primary Registration District No. 5806 Registered No. _____
 City Moer Bockerton (No. _____) St. _____ Ward _____

2. FULL NAME Mary Lynn Henkins
 (a) Residence, No. Portageville, Mo. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*writes the word*)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan., 11, 36

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
XXX 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 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) New Madrid (STATE OR COUNTRY)

13. NAME Claud Henkins

14. BIRTHPLACE (CITY OR TOWN) Peniscott Co., Mo. (STATE OR COUNTRY)

15. MAIDEN NAME Arlee Ellis

16. BIRTHPLACE (CITY OR TOWN) Peniscott Co., Mo. (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Portageville, Mo.

18. BURIAL, CREMATION, OR REMOVAL Burial
 PLACE Portageville, Mo. DATE July, 10th, 36

19. UNDERTAKER (ADDRESS) John Payne M.D. Portageville Mo.

20. FILED 7-10 1936 Mary W. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July, 10, 36 1936

22. I HEREBY CERTIFY, That I attended deceased from Only on July 8, 36, 1936

I last saw h. or alive on July, 6th, 36, 1936. Death is said to have occurred on the date stated above, at 3 A. m.

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

Cholera Infantum About July Date of onset

119a

Other contributory causes of importance:

Malnutrition.

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..... 1936

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) M. W. Reading M. D.
 (Address) Portageville, Mo.

