

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

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.

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

Do not use this space.

AUG 24 1936

1. PLACE OF DEATH

County Newton  
Township Barnes  
City (No. ) (No. )

Registration District No. 6 12  
Primary Registration District No. 6 2 57

File No. 27474  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. Clyde Ellis Henry St. Parra City, Mo. 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>1936</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 18, 1936</u>		
7. AGE	YEARS	MONTHS
	<u>10</u>	
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.		<u>Infant</u>
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26, 1936

22. I HEREBY CERTIFY That I attended deceased from July 16, 1936, to July 26, 1936  
I last saw him alive on July 17, 1936. Death is said to have occurred on the date stated above, at 9:15 a.m.

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

Date of onset 7/19

Other contributory causes of importance:  
161 b

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

FATHER

13. NAME Elmer E. Henry

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

MOTHER

15. MAIDEN NAME Warrith J. Eudick

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

17. INFORMANT (ADDRESS) Walter G. Henry

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Barnes Cem. DATE July 26, 1936

19. UNDERTAKER (ADDRESS) D. J. Jones & Son  
Duquesne, Mo.

20. FILED 7-28, 1936 Grace Hudson  
Registrar.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

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? Yes  
If so, specify \_\_\_\_\_  
(Signed) E. B. Wright, M. D.  
(Address) Parra City, Mo.

