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

Do not use this space.

30501

1. PLACE OF DEATH
County Franklin. Registration District No. 297 File No.
Township Primary Registration District No. 3016 Registered No. 74
City Washington, Mo. (No. , St. Ward)

2. FULL NAME William Fred Henkhaus.
(a) Residence, No. 106 Jefferson Str., Washington, Mo. Ward:
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 33 yrs. x mos. x ds. How long in U. S., if of foreign birth? X yrs. X mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF ~~(OR) WIFE OF~~ Mrs. Josephine Henkhaus.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 30th, 1862.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
74	0	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Worker.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe Factory.
10. Date deceased last worked at this occupation (month and year) July 16, 1936.
11. Total time (years) spent in this occupation x

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chicago, Illinois.

FATHER
13. NAME Casper Henkhaus.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown.

MOTHER
15. MAIDEN NAME Anna Koch.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown.

17. INFORMANT (ADDRESS) Fred A. Kampschroeder, Washington, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington, Mo. Presbyterian Cemetery DATE Aug. 4th, 1936

19. UNDERTAKER (ADDRESS) Nieburg and Vitt, Inc., Washington, Mo.

20. FILED Aug. 3, 1936 H. A. Mary Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 1st, 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from June 18, 19, to Aug. 1st, 1936.
I last saw him alive on Aug. 1, 1936, 19. Death is said to have occurred on the date stated above, at 7:30P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Miliary Tuberculosis	
32a	

Other contributory causes of importance:

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) J. P. Post, M. D.
(Address) 421 W. Third St.
Washington, Missouri