

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

Do not use this space.

33892

OCT 21 1936

1. PLACE OF DEATH

County Cass
 Township Dolke
 City Pleasant Hills (No.)

Registration District No. 159
 Primary Registration District No. 5224

File No.
 Registered No. 10 St. Ward)

2. FULL NAME

Albert D. Henry

(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 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 Lucentia Henry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 30 1860

7. AGE YEARS 75 MONTHS 9 DAYS 0 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 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) 3 1934 11. Total time (years) spent in this occupation 52

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Co Ohio

FATHER 13. NAME George Henry

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

MOTHER 15. MAIDEN NAME Sarah M. namee

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

17. INFORMANT (ADDRESS) Milt Henry Pleasant Hill Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Garden City DATE Sept 11 1936

19. UNDERTAKER (ADDRESS) A. D. Hartler East Lynn Mo

20. FILED 9/15 1936 W. Beckman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 9 1936

22. I HEREBY CERTIFY That I attended deceased from Sept 9 1936 to Sept 9 1936
 I last saw him alive on Sept 9 1936 Death is said to have occurred on the date stated above, at 10:30 A.M.
 The principal cause of death and related causes of importance were as follows:

Myocardial Failure
Chronic myocarditis
Senility
 Other contributory causes of importance: 10/1
Apoplexy (twice previous)
Hypertension
Chronic glomerulonephritis

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

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? no

If so, specify _____
 (Signed) Emory D. Miller MD
 (Address) W. D. Denville, 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.

