

NOV 28 1936

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

Do not use this space.

40934

1. PLACE OF DEATH

County Greene

Registration District No. 318

File No.

Township

Primary Registration District No. 291

Registered No. 8905

City Springfield

(No. Springfield Baptist Hosp)

St.

Ward

2. FULL NAME Gertha F. H. Henry

(a) Residence, No.

St.

Ward.

Miller Mo

(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 (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Charlie Henry

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

6-8-1874

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

✓ 62

4

4

24

OCCUPATION

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) (STATE OR COUNTRY)

Laurance Co. Mo.

13. NAME

W.M. Spum

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

Laurance Co. Mo.

15. MAIDEN NAME

M. J. Lewis

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

Laurance Co.

17. INFORMANT (ADDRESS)

Chas. Henry Miller Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Deacon's Burial DATE 11-4-1936

19. UNDERTAKER (ADDRESS)

Morning Sun M. Co.

20. FILED

11-4-1936 Chas. H. Deacon Registrar

MEDICAL CERTIFICATE OF DEATH

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

11-2-1936

22. I HEREBY CERTIFY, That I attended deceased from

Oct. 27, 1936 to Nov. 2, 1936

I last saw her alive on Nov. 2, 1936 Death is said

to have occurred on the date stated above, at 3:30 A.M.

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

Appendicitis
Perforated appendix

Date of onset

Other contributory causes of importance:

Name of operation Appendectomy Date of Oct 28

What test confirmed diagnosis? None 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

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) W. J. Deacon, M. D.

(Address) Springfield 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.

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