

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.

JAN 22 1937

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

Do not use this space.

45741

1. PLACE OF DEATH  
 County Pettis Registration District No. 665  
 Township \_\_\_\_\_ Primary Registration District No. 3032  
 City Sedalia (No. Bothwell Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME William J. Henry  
 (a) Residence, No. Spring Fork 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.

File No. 375  
 Registered No. 668  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 30, 1852

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
84	4	22	

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) Mo.

13. NAME Marcus Henry

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

15. MAIDEN NAME Dk

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

17. INFORMANT Porter Henry  
 (ADDRESS) Spring Fork, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Crown Hill DATE Dec. 24, 1936

19. UNDERTAKER Gillespie Funeral Home  
 (ADDRESS) Sedalia, Mo.

20. FILED Dec 24 1936 John Strain  
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 22, 1936 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 14 1936, to Dec 22 1936.  
 I last saw him alive on Dec 22 1936. Death is said to have occurred on the date stated above, at 4 a. m.  
 The principal cause of death and related causes of importance were as follows:  
Endocarditis & edema of lungs  
 Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Heart left failure at work

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Physical examination Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide: accident Date of injury Dec 22 1936  
 Where did injury occur? at his house  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury fell backwards from chair  
 Nature of injury fract. left femur at work

24. Was disease or injury in any way related to occupation of deceased? yes  
 If so, specify see above

(Signed) M. P. Fisher M. D.  
 (Address) Sedalia Mo.

