

FEB 17 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1995

3

1. PLACE OF DEATH

54 County Lafayette
 Township Lexington
 City Lexington (No. 2)

Registration District No. 461
 Primary Registration District No. 3024

File No. _____
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME Henry Ainsworth

(a) Residence, No. _____ St. 1 Ward _____
 (Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Ma. 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 Lula Williams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 3, 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 3 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 262

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Charlton (STATE OR COUNTRY) England

13. NAME Thomas Ainsworth

14. BIRTHPLACE (CITY OR TOWN) Not known (STATE OR COUNTRY) England

15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) Not known (STATE OR COUNTRY) England

17. INFORMANT Mrs. Lula W. Ainsworth (ADDRESS) 21st. and Main, Lexington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lexington, Mo. DATE Jan. 10, 1937

19. UNDERTAKER Winkler (ADDRESS) Lexington, Mo.

20. FILED Jan. 10, 1937 Jays B. Bates Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 8, 1937 19

22. I HEREBY CERTIFY, That I attended deceased from 7/16 1936 to 7/7 1937

I last saw him alive on Jan. 7 1937 Death is said to have occurred on the date stated above, at 5 a.m.

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

Acute yellow atrophy of liver
Hypertensive heart disease

Other contributory causes of importance:
Chronic cystitis following Prostatectomy (Hypertrophy)

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

23. If death was due to external cause (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) G. S. Cape M. D.
 (Address) Lexington, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 25 1949