

FEB 23 1937

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

Do not use this space.

1. PLACE OF DEATH

113 County North
Township Witchell
City Grant City, Mo. (No. 2)

Registration District No. 913
Primary Registration District No. 6212

File No. 4770
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Vivian Lavonne Henry

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

Length of residence in city or town where death occurred 1 yrs. 28 mos. 28 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 <u>7</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>W</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 6 1935</u>		
7. AGE YEARS <u>1</u>	MONTHS	DAYS <u>28</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>✓</u>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>	
	10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (CITY OR TOWN) Grant City, Mo.
(STATE OR COUNTRY)

13. NAME Claud Henry

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

15. MAIDEN NAME Marie Davis

16. BIRTHPLACE (CITY OR TOWN) Meru, Mo.
(STATE OR COUNTRY)

17. INFORMANT Claud Henry
(ADDRESS) Grant City, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Holy Cross DATE Jan 4 1937

19. UNDERTAKER John C. Dumble
(ADDRESS) Grant City, Mo.

20. FILED 2-9 1937 Fred Mull, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-4 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1937, 19____, to Jan 3 1937, 19____. I last saw her alive on Jan 3 1937, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Pneumonia Date of onset
1-1-37

Other contributory causes of importance:

Pertusis 1-2-13
1936

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) O. P. Lockstone M. D.

(Address) Redding, Iowa

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

