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.

MAR 25 1937

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

Do not use this space.

File No. 7746

Registered No.

1. PLACE OF DEATH

County Ralls County — Registration District No. 726

Township — Primary Registration District No. 5-9 5-8

City ~~Hannibal~~ (No. R.F.D. #3. Hannibal St. Ward)

2. FULL NAME Henry A. McEuen

(a) Residence, No. R.F.D. #3 Hannibal Mo. Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 4th. 1920

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
17	11	6	

OCCUPATION

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

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) Farmington Mo

FATHER

13. NAME Henry F. McEuen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike County Ill

MOTHER

15. MAIDEN NAME Lela Fortner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike County Ill Ill

17. INFORMANT (ADDRESS) Mr. Henry F. McEuen R.F.D. #3 Hannibal Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Olivet Cem DATE Feb. 14th 1937

19. UNDERTAKER (ADDRESS) James O'Donnell Hannibal Mo

20. FILED 4/27 1937 Blanche Megoron Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 10th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 5, 1937, to Feb 11, 1937

I last saw him alive on Feb. 11, 1937. Death is said to have occurred on the date stated above, at 4:10 p.m.

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

Scarlet Fever

Date of onset

Other contributory causes of importance:

Toxic Myocarditis

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?

If so, specify

(Signed) A B Blue, M. D.

(Address) Hannibal Mo