

APR 26 1937

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

Do not use this space.

1. PLACE OF DEATH

County St. CharlesRegistration District No. 760 BTownship DardennePrimary Registration District No. 6001

City.....

(No.)

St.

Ward.....

File No. 13223Registered No. 172. FULL NAME Cletus Marcus Henke(a) Residence, No. Dallan Mo. R. 1 St. Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF X6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 7 - 19207. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
17 2 168. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm Hand

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) Dallan Mo. R. 113. NAME John A. Henke14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dallan Mo. R. 115. MAIDEN NAME Rosa Duella16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dallan Mo. R. 117. INFORMANT (ADDRESS) John A. Henke
Dallan Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Dardenne Mo DATE March 26 193719. UNDERTAKER (ADDRESS) East City
Dallan Mo.20. FILED Mar 24 1937 E. A. Keithly
m Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 23 1937

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h. alive on 19..... Death is said

to have occurred on the date stated above, at 5:30 P.

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

Date of onset

Abdominal hemorrhage

Other contributory causes of importance:

Peritonitis

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? NO23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 3-21 1937Where did injury occur? St. Charles, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

in horse barnManner of injury Fall into horse mangerNature of injury Injury to stomach24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify Y(Signed) John Buse(Address) Coroner
St. Charles Co.

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.

