APR 29 1937

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

Do not use this space.

File No. 14024

Registered No.

1. PLACE OF DEATH
County: Worth
Township: Fletchall
City: Grant City
Registration District No. 903
Primary Registration District No. 6212
No. ..... St. ..... Ward)

2. FULL NAME: John Henry McHenry

(a) Residence, No. ..... 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. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 12 1884

7. AGE: Years 52 Months 6 Days 3 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
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): Jan. 1936
11. Total time (years) spent in this occupation: 35

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Denver Mo.

FATHER
13. NAME: Robert McHenry
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wisconsin

MOTHER
15. MAIDEN NAME: Elizabeth Hines
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wisconsin

17. INFORMANT (ADDRESS): Violet McHenry Grant City Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Fletchall Cemetery DATE: 3/16 1937

19. UNDERTAKER (ADDRESS): Arch C. Denslee Grant City Mo.

20. FILED: 4/9 1937 Fred Mull M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3-13-1937

22. I HEREBY CERTIFY, That I attended deceased from 3-14 1937, to 3-13 1937.
I last saw him alive on 3-14 1937. Death is said to have occurred on the date stated above, at 3:15 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia — Lobar	
Other contributory causes of importance:	
Pneumonia Lobar (Primary)	
right Lung	1936

Name of operation ..... Date of .....
What test confirmed diagnosis? Suspected 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? No
If so, specify
(Signed) J. J. Perry M.D., M. D.
(Address) Grant City Mo.

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.