

APR 29 1937

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County North  
 Township Witchell  
 City Wentzville

Registration District No. 903Primary Registration District No. 6212File No. 14024

Registered No. \_\_\_\_\_ St. \_\_\_\_\_ Ward)

## 2. FULL NAME

(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. 4 mos. 4 ds. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Violet McHenry</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 12 1884</u>		
7. AGE	YEARS	MONTHS
	<u>52</u>	<u>6</u>
		DAYS
		<u>3</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>Farmer</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farmer</u>
	10. Date deceased last worked at this occupation (month and year) <u>Jan. 1936</u>
	11. Total time (years) spent in this occupation. <u>35</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Farmer Mo.13. NAME Robert McHenry14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Wisconsin15. MAIDEN NAME Elizabeth Wiles16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Wisconsin17. INFORMANT Violet McHenry  
(ADDRESS) Wentzville, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Wentzville, Mo. 3/16/3719. UNDERTAKER Dr. C. J. Dumble  
(ADDRESS) Wentzville, Mo.20. FILED 4/1, 1937 Ed Mull, M.D.  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-13-3722. I HEREBY CERTIFY, That I attended deceased from 3-13-37, 1937, to 3-13-37, 1937.I last saw him alive on 3-14-37, 1937. Death is said to have occurred on the date stated above, at 3:19 a.m.

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

Pneumonia - lungs

Date of onset

Other contributory causes of importance:

Pneumonia of Primaries  
right lung 1936

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Shipped for 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? NO

If so, specify \_\_\_\_\_

(Signed) S. J. Dumble, M. D.(Address) Wentzville, 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.

1. The first part of the document is a list of the names of the people who were present at the meeting.

2. The second part of the document is a list of the topics that were discussed during the meeting.

3. The third part of the document is a list of the actions that were taken during the meeting.

4. The fourth part of the document is a list of the people who were responsible for carrying out the actions.

5. The fifth part of the document is a list of the people who were responsible for monitoring the progress of the actions.

6. The sixth part of the document is a list of the people who were responsible for reporting on the progress of the actions.

7. The seventh part of the document is a list of the people who were responsible for evaluating the results of the actions.

8. The eighth part of the document is a list of the people who were responsible for implementing the actions.

9. The ninth part of the document is a list of the people who were responsible for maintaining the actions.

10. The tenth part of the document is a list of the people who were responsible for reviewing the actions.

11. The eleventh part of the document is a list of the people who were responsible for updating the actions.

12. The twelfth part of the document is a list of the people who were responsible for archiving the actions.

13. The thirteenth part of the document is a list of the people who were responsible for deleting the actions.

14. The fourteenth part of the document is a list of the people who were responsible for restoring the actions.

15. The fifteenth part of the document is a list of the people who were responsible for backing up the actions.

16. The sixteenth part of the document is a list of the people who were responsible for recovering the actions.

17. The seventeenth part of the document is a list of the people who were responsible for securing the actions.

18. The eighteenth part of the document is a list of the people who were responsible for auditing the actions.

19. The nineteenth part of the document is a list of the people who were responsible for testing the actions.

20. The twentieth part of the document is a list of the people who were responsible for deploying the actions.

21. The twenty-first part of the document is a list of the people who were responsible for monitoring the actions.

22. The twenty-second part of the document is a list of the people who were responsible for evaluating the actions.

23. The twenty-third part of the document is a list of the people who were responsible for implementing the actions.