

JUL 31 1937

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

Do not use this space.

1. PLACE OF DEATH

County Curry Registration District No. 969
Township Union Primary Registration District No. 5827
City (No. , St. Ward)

File No. 24535
Registered No. _____

2. FULL NAME

Harry August Henneman
(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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Infant</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 10, 1937</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>0</u>	<u>0</u>	<u>21</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>			
	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) <u>Longtown, Mo.</u>				
FATHER	13. NAME <u>Timothy</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>			
MOTHER	15. MAIDEN NAME <u>Anna Henneman</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Longtown, Mo.</u>			
17. INFORMANT (ADDRESS) <u>Anna Henneman, Longtown, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Shelbourn, Mo.</u> DATE <u>June 1, 1937</u>				
19. UNDERTAKER (ADDRESS) <u>Day Funeral Home, Bernville, Mo.</u>				
20. FILED <u>7-9-</u> 19 <u>37</u> <u>Beulah Alter</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1st, 1937
22. I HEREBY CERTIFY, That I attended deceased from May 24, 1937 to June 1st, 1937
I last saw him alive on May 31, 1937. Death is said to have occurred on the date stated above, at 4:15 p. m.
The principal cause of death and related causes of importance were as follows:

Ileocolitis

Date of onset

5-24-37

Other contributory causes of importance:

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) G. B. Henneman, M. D.
(Address) Old Appleton, 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.

