AUG 30 1937

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

Do not use this space.

1. PLACE OF DEATH
County St. Louis
Township Coordinator
City Lemay (No. 408 Kingston Drive St. Ward)

Registration District No. 1123
Primary Registration District No. 6248 E

File No. 28397
Registered No. 300

2. FULL NAME Henry C. Acey

(a) Residence, No. 408 Kingston Drive St., Ward. Lemay, Missouri
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): October 18, 1870

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
66	9	9	

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.: Himself
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): Marion Illinois

FATHER

13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT: E. W. Acey
(ADDRESS) Lemay, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cape Girardeau, Mo. DATE July 27, 1937

19. UNDERTAKER: C. Hoffmeister U. & L. Co.
(ADDRESS) 7814 S. B'way, St. Louis, Mo.

20. FILED July 27, 1937 G. Mowry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27, 1937

22. I HEREBY CERTIFY That I attended deceased from July 23rd, 1937, to July 26th, 1937
I last saw him alive on 26 July, 1937. Death is said to have occurred on the date stated above, at 5:00a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
chronic	
Other contributory causes of importance:	

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? No
If so, specify

(Signed) Edward E. Beck, M. D.
(Address) 1459 468 / 4 5229 So. Broadway St. Louis Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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