

OCT 18 1937

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

Do not use this space.

1. PLACE OF DEATH

County Butler Registration District No. 89 File No. 33807
Township Poplar Bluff Primary Registration District No. 5131 Registered No. 214
City (No. 2 miles west of Poplar Bluff #60) St. Mo. Ward

2. FULL NAME Lida Montague Henson

(a) Residence, No. 800 Poplar st. St., Mo. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ida Henson

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
I last saw h. im. alive on _____, 19____. Death is said to have occurred on the date stated above, at 8. P. m.
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 18, 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
60 9 9

Date of onset

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer
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 _____

Coronary Occlusion
arterio sclerosis
chronic Myocarditis

12. BIRTHPLACE (CITY OR TOWN) Marion County
(STATE OR COUNTRY) Tennessee

Other contributory causes of importance:
arterio sclerosis
chronic Myocarditis

13. NAME Thomas Montague Henson

Name of operation _____ Date of _____

14. BIRTHPLACE (CITY OR TOWN) Monroe County
(STATE OR COUNTRY) Tennessee

What test confirmed diagnosis? History Was there an autopsy? no

15. MAIDEN NAME Nancy Jane Raulston

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)

16. BIRTHPLACE (CITY OR TOWN) Marion County
(STATE OR COUNTRY) Tennessee

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

17. INFORMANT Ida Henson
(ADDRESS) 828 Poplar St. Poplar Bluff, Mo

Manner of injury _____
Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL City Cemetery
PLACE Poplar Bluff, Mo. DATE Sept. 29, 1937

24. Was disease or injury in any way related to occupation of deceased? no

19. UNDERTAKER Frank Und. Co.
(ADDRESS) Poplar Bluff, Mo.

If so, specify _____
(Signed) Govern Wheeler Registrar
(Address) Poplar Bluff Mo

20. FILED 9/29, 1937 O.C. Cuttlinger
Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

