

**OCT 21 1937** MISSOURI STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH

Do not use this space.

34609

1. PLACE OF DEATH

County *Lafayette*  
 Township *Rata*  
 City *Rata City* (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. *464*  
 Primary Registration District No. *4270*

File No. *18*  
 Registered No. *31*

2. FULL NAME

*Mary Elizabeth Henning*  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *Female* 4. COLOR OR RACE *wh* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OR *Theodor Henning*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Mar. 8 - 1914*

AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<i>23</i>	<i>6</i>	<i>2</i>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *house wife*

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) *Mo*

13. NAME *James Owings*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*

15. MAIDEN NAME *Lulu Mc Gallian*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Miss.*

17. INFORMANT (ADDRESS) *Theodor Henning Rata City Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *George Cem.* DATE *9/12* 19*37*

19. UNDERTAKER (ADDRESS) *Goetzelt Oak Grove Mo.*

20. FILED *9-11-1937* *Mrs. E. M. Goodwin Registrar.*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *9-10-1937*

22. I HEREBY CERTIFY, That I attended deceased from *9-10-1937*, 19*37*, to *9-10-1937*, 19*37*

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at *3 P.* m.

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

*Gun shot wound in chest (12 gauge pump) self inflicted coroners room*

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? *Accident* Date of injury *9-10, 1937*

Where did injury occur? *Home, E of Rata City Mo* (Specify city or town, county, and State)

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

Manner of injury *12 ga. shot gun*

Nature of injury *chest wound*

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify (Signed) *M. E. Goodwin*, M. D.

(Address) *Osceola Mo*

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

