

JAN 21 1938

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

Do not use this space.

46305

1. PLACE OF DEATH *Pettis*
 County.....*Pettis*..... Registration District No. *664*
 Township.....*Green Ridge*..... Primary Registration District No. *4397*
 City.....*Green Ridge* (No.....) St..... Ward.....
 2. FULL NAME *Miss-Maggie-Henry*
 (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 *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *single*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *No Husband*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct 25, 1864*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
73 2 1
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House Keeper*
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Her Own Home*
 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) *Pettis Co Mo*
 13. NAME *John M. Henry*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Cooper Co Mo*
 15. MAIDEN NAME *Mary Jane Mather*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Louisville Ky*
 17. INFORMANT *Minnie Henry, Sister*
 (ADDRESS) *Green Ridge Mo*
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Antioch* DATE *Dec 28th 1937*
 19. UNDERTAKER *G. R. Shelley*
 (ADDRESS) *Green Ridge Mo*
 20. FILED *Dec 27 1937* *G. R. Shelley* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec 26 1937*
 22. I HEREBY CERTIFY, That I attended deceased from *Dec 17 1937*, to *Dec 26 1937*
 I last saw him alive on *Dec 26 1937*. Death is said to have occurred on the date stated above, at *2-30P* m.
 The principal cause of death and related causes of importance were as follows:
Intestinal obstruction Date of onset *12/17/37*
 Other contributory causes of importance:
12-26-37
 Name of operation..... Date of.....
 What test confirmed diagnosis? *Clinical* 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) *H. A. Hite*, M. D.
 (Address) *Green Ridge, Mo.*

CAUSE OF DEATH IN PLAIN TERMS, so that it may be properly classified. Exact statement of OCCUPATION is very important.

122B

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

46305-
Do not use this space.

1. PLACE OF DEATH

(a) County Pettis Registration District No. 664
(b) Township Green Ridge Primary Registration District No. 4397 Registered No.
(c) City Green Ridge (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Miss Maggie Henry

(a) Residence, No. St. 8 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 2 1

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

9. Industry or business in which work was done, as 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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Feb. 12 1938 W.P. Shelley Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 26 1937

22. I HEREBY CERTIFY, That I attended deceased from 19... to ... 19...

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

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

Intestinal obstruction (acute)
Cause was either strangulation by bands or volvulus. There was stercoraceous vomiting-severe & griping abdominal pain. Distention in lower left quadrant. As the obstruction was acute, in my opinion malignancy was not the cause of obstruction.

Date of onset

(acute)

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) W.A. Hill, M. D.

(Address) Green Ridge mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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.

SUPPLEMENTARY

