

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

Do not use this space.

1. PLACE OF DEATH

County Bollinger

Registration District No. 66

File No. 1977

Township Larance

Primary Registration District No. 51023

Registered No. _____

City Leopold (No. _____) St. _____ Ward _____

2. FULL NAME Henry Tenholder 5-11-9

(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.

yrs.

mos.

ds.

How long in U. S., if of foreign birth? 66 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widower,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 11, 1860

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, _____ hrs. or _____ min.

77

10

6

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.

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)

Holland

MOTHER FATHER

13. NAME

Dirk Tenholder

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

Holland

15. MAIDEN NAME

Don't Know,

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

17. INFORMANT

Martin Tenholder

(ADDRESS)

Leopold Mo,

18. BURIAL, CREMATION, OR REMOVAL

PLACE Leopold Mo, DATE Jan, 19 1958

19. UNDERTAKER

(ADDRESS)

Baker Funeral Home, I. E. B.

Lutesville, Mo.

20. FILED

2/1

1958

R. J. Chambers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 17, 1958

22. I HEREBY CERTIFY That I attended deceased from Dec. 14, 1939 to Jan-17, 1958

I last saw him alive on Jan 11, 1958 Death is said to have occurred on the date stated above, at 8:30 a.m.

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

Cardiac dilatation complicated with cerebral hemorrhage break down -

Date of onset

Other contributory causes of importance:

old age - 95

Name of operation No Operation Date of _____

What test confirmed diagnosis? Phys. Ex. Was there an autopsy? No

23. If death was due to external cause (injury), 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 by industry, in home, or in public place.

Manner of injury _____

Nature BUREAU OF VITAL STATISTICS

24. Was deceased ever in any way related to occupation of deceased? No

If so, specify _____

(Signed) J. M. Sturtevant M. D.

(Address) Leopold 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.

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