

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

1999
 Do not use this space.

1. PLACE OF DEATH

(a) County Boone Registration District No. 73
 (b) Township _____ Primary Registration District No. 3006 Registered No. 27
 (c) City Columbia (d) Street No. East Walnut St 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

JOHN LAMPTON HENRY
 (a) Residence, No. East Walnut St. St. (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 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 Ella Mae Henry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-13-1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 9 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 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) Sturgeon Missouri

FATHER 13. NAME James L Henry
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York N

MOTHER 15. MAIDEN NAME Frances Lampton
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone County Missouri

17. INFORMANT (ADDRESS) Mrs. J. L. Henry Columbia, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Columbia Cemetery DATE 2-5-1938

19. FUNERAL DIRECTOR (ADDRESS) Garner Furniture Co Columbia, Mo

20. FILED 2/5/38 1938 Allie Selby Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-3-1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1938 to Feb 3 1938

I last saw him alive on Feb 3 1938. Death is said

to have occurred on the date stated above, at 4:45 P.M.

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

Feb 1st
lobar pneumonia
right lower lobe
 Date of onset Feb 1st
 Other contributory causes of importance General Arterio-Sclerosis

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 _____, 1938

Where did injury occur? FEB 3 1938 (Specify town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury BUREAU OF VITAL STATISTICS
 Nature of injury MO. STATE BOARD OF HEALTH

24. Was disease or injury in any way related to occupation of deceased? If so, specify Stephen D Smith M. D.
 (Signed) _____ (Address) Columbia 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.

STATEMENT BY LICENSED EMBALMER

I, M. N. Whitaker, Licensed Embalmer No. 3893
hereby certify that the body recorded on the reverse side of this certificate was embalmed by M. N. Whitaker
L. E.
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed M. N. Whitaker
Licensed Embalmer No. 3893

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)