Henrickson

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

Do not use this space.

File No. 2184
Registered No. 23

1. PLACE OF DEATH
County Butler — Registration District No. 89
Township — Primary Registration District No. 3007
City Poplar Bluff (No. 1009 North Main St. Ward)

2. FULL NAME Grace Wallace Guentzel 532

(a) Residence, No. 1009 North Main 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 1, 1869

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
68	1	24	

OCCUPATION
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. At 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) Cadiz (STATE OR COUNTY) Kentucky

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTY)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTY)

17. INFORMANT Mrs. J. L. Cain (ADDRESS) Poplar Bluff, Mo.

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Cem.
PLACE Butler Co., Mo. DATE Jan. 27, 1938

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

20. FILED 1/27 1938 O. Blutsinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-25, 1938, to 1-25, 1938
I last saw her alive on ..., 19... Death is said to have occurred on the date stated above, at 3:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	1-25-38

Other contributory causes of importance: None

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. M. Henrickson, M. D.
(Address) Poplar Bluff, Mo.

RECEIVED FEB 21 1938 BUREAU OF VITAL STATISTICS MO. STATE BOARD OF HEALTH

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.