

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

Do not use this space.

1. PLACE OF DEATH

County Hopkinstown
 112 Township St. Dallas
 City (No.)

Registration District No. 901
 Primary Registration District No. 6210

File No. 1506
 Registered No. 21
 St. Ward)

2. FULL NAME

George Willis Henry 560

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 5 15

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) Illinois

MOTHER 13. NAME William Henry

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

15. MAIDEN NAME Malissa Stanley

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

17. INFORMANT (ADDRESS) Mrs. G. H. Henry #3 Poplarville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olive Cem. DATE Jan. 14 1938

19. UNDERTAKER (ADDRESS) Kelley-Ferrill Fordland, Mo.

20. FILED 1-14-1938 J. C. Basson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 13 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-5 1938 to 1-11 1938
 I last saw him alive on 1-11 1938 Death is said to have occurred on the date stated above, at 12:40 p.m.

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

Secondary Bronchopneumonia Date of onset 1-7-38

Other contributory causes of importance:
Chronic bronchitis
Cardiovascular disease

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? 3
 If so, specify Howard J. Mason 20
 (Signed) Howard J. Mason 20
 (Address) Fordland, 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.

RECEIVED

FEB 28 1938

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MO. STATE BOARD OF HEALTH