

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.

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

Do not use this space.

REC'D MAR 17 1938

1. PLACE OF DEATH

County Walt Registration District No. 371
Township Clay Primary Registration District No. 55175
City Maitland (No. 55175) St. _____ Ward _____

File No. 6886

Registered No. 26

2. FULL NAME Miss Mattie Henry 560

(s) 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 51 yrs. 8 mos. 8 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 3-1886

7. AGE YEARS 51 MONTHS 8 DAYS 8 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Work
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) Maitland Missouri

13. NAME Joseph Henry

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

15. MAIDEN NAME Eliza A. Herriott

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

17. INFORMANT (ADDRESS) Horner Henry Maitland Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE W. C. DATE Feb. 13 1938

19. UNDERTAKER (ADDRESS) Campbell Funeral Home Maitland, Mo.

20. FILED Feb. 12 1938 Wm. D. Stout Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 11 1938

22. I HEREBY CERTIFY That I attended deceased from Feb 4 1937 to Feb 11 1938

I last saw him alive on Oct 19 1937. Death is said to have occurred on the date stated above, at 10:22 a.m.

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

Cancer of rectum (?)
4 1/2

Other contributory causes of importance:

operated (at Mayo Clinic)
Name of operation Colostomy Date of May 1936
What test confirmed diagnosis? X ray 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?
If so, specify _____
(Signed) Dr. Williams, M. D.

(Address) Maitland Mo.

