

REC'D MAR 17 1938

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

Do not use this space.

1. PLACE OF DEATH

 County Howell
 Township Howell
 City West Plains, Mo.

 Registration District No. 384
 Primary Registration District No. 5535

 File No. 6930
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. West Plains Mo. Rt St. _____ Ward _____
(Usual place of abode)
 Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

 3. SEX ma 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Estel States6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-13-1860
 7. AGE YEARS 78 MONTHS 5 DAYS 18 If LESS than 1 day, hrs. or min.
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) Illinois13. NAME W. F. Henney14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk15. MAIDEN NAME Martha16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk17. INFORMANT W. O. Henney (ADDRESS) West Plains, Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Norwood DATE 2-1- 193819. UNDERTAKER Robertson (ADDRESS) West Plains, Mo20. FILED 3-2 1938 Be Vida M SIMONS Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-30 193822. I HEREBY CERTIFY, That I attended deceased from June 8, 1937, to 1/30, 1938I last saw him alive on 1/29, 1938 Death is saidto have occurred on the date stated above, at 3:35 PM

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

Acute Myocarditis 1/20/37
Chronic Interstitial Nephritis 1936
 Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? NOIf so, specify _____ (Signed) Mauro Thompson, M. D.(Address) West Plains Mo
Thompson

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.

