REC'D APR 23 1938

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

Do not use this space.

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1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 9644
Township Kaw — Primary Registration District No. 1002 — Registered No. 1109
City Kansas City (No. 3543, Central St. Ward)

2. FULL NAME Mrs. Frances May Henry 560
(a) Residence, No. 3543 Central St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 32 yrs. mos. 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): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Franklin P. Henry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): unknown

7. AGE: about 79 YEARS — MONTHS — DAYS — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at Home
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: 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana 1

FATHER
13. NAME: John Haggarty 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York

MOTHER
15. MAIDEN NAME: Susan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

17. INFORMANT (ADDRESS): Miss May Henry 3543 Central

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Cremation DATE: Mar. 12 1938

19. UNDERTAKER (ADDRESS): D. W. Newcomer's Sons Bushcreek & Pisco

20. FILED: Mch 11, 1938 M. M. Crowe, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar. 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19....
I last saw ..... alive on ....., 19.... Death is said to have occurred on the date stated above, at 5 30 p m.
The principal cause of death and related causes of importance were as follows:
Acute Coronary Thrombosis
Chr. Myocardial Infarction

Date of onset

Other contributory causes of importance: A4B

Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy 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) Russell W. Kerr, M. D.
(Address) Kerr

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.