

REC'D APR 19 1938

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

10877  
 Do not use this space.

## 1. PLACE OF DEATH

(a) County Hannson Registration District No. 334  
 (b) Township Bethany Primary Registration District No. 4197  
 (c) City Bethany (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Crystal Henry 560  
 (a) Residence, No. \_\_\_\_\_ St.  New Hampton Mo  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m  
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J C Henry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 9 1905  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
33 10 24

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None  
 9. Industry or business in which work was done, as 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) Zahliouah 9  
 (STATE OR COUNTRY) ORSA

13. NAME W L Bates 1

14. BIRTHPLACE (CITY OR TOWN) Dart MO  
 (STATE OR COUNTRY)

15. MAIDEN NAME Mary Josephine Tansley

16. BIRTHPLACE (CITY OR TOWN) Atlanta  
 (STATE OR COUNTRY) Georgia

17. INFORMANT J C Henry  
 (ADDRESS) New Hampton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Ridgway Mo DATE Mar 6 1938

19. FUNERAL DIRECTOR (NAME) W B Noble  
 (ADDRESS) New Hampton Mo

20. FILED 3-30- 1938 G. P. Wevering  
 Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-3 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-1 1938 to 3-3 1938  
 I last saw de alive on 3-3 1938 Death is said to have occurred on the date stated above, at 12.15 p.m.  
 The principal cause of death and related causes of importance were as follows:

Lobar pneumonia Date of onset 2/24/38  
11 hr  
 Other contributory causes of importance: Influenza (or cold) 2-1-38

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? No  
 If so, specify \_\_\_\_\_ (Signed) G. P. Wevering, M. D.  
 (Address) Bethany Mo

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

*W G Noble*

or by

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed

*W G Noble*

Licensed Embalmer No. *2904*

P. O. Address *New Hampton, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.