

REC'D JUN 24 1938

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

Do not use this space.

19730

1. PLACE OF DEATH

County Stoddard
Township Clare
City Near Advance, Mo.

Registration District No. 834
Primary Registration District No. 6097

File No. _____
Registered No. 12
St. _____ Ward _____

2. FULL NAME

Jess Henley
Near Advance, Mo.

541

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 29, 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lishie Henley

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1938 to Mar 29, 1938
I last saw him alive on Mar 20, 1938 Death is said to have occurred on the date stated above, at 4: A. M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 17, 1874

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 4 12

Date of onset

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

Dropsey of Heart

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Marble Hill Missouri

13. NAME Thomas Henley

Name of operation none Date of _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

What test confirmed diagnosis? Clinical Was there an autopsy? No

15. MAIDEN NAME Sarah Rice

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.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT (ADDRESS) Mrs. Leo Brennecke Cape Girardeau Mo

Manner of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Crows Cemetery DATE March 29, 1938

Nature of injury _____

19. UNDERTAKER (ADDRESS) Clayton J. Morgan Advance, Mo.

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

20. FILED 6-9 1938 D. B. McFee Registrar

(Signed) D. O. R. Reynolds, M. D.
(Address) Advance, 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.

90

6