REC'D JUL 11 1938

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

Do not use this space.

23062

1. PLACE OF DEATH
County Scotland
Township Harrison
City (No. St. Ward)
Registration District No. 809
Primary Registration District No. 6064
File No.
Registered No.

2. FULL NAME Elmer Roy Henry
(a) Residence, No. Gorin, Mo 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

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Grace Henry
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July-12-1888
7. AGE YEARS 49 MONTHS 10 DAYS 17 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rail Road Employee
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Section hand
10. Date deceased last worked at this occupation (month and year) May-24-1938
11. Total time (years) spent in this occupation 12 3/12

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adair Co. Mo

FATHER
13. NAME Arthur Henry
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Y.

MOTHER
15. MAIDEN NAME Sarah Brandy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Y.

17. INFORMANT (ADDRESS) Mrs Grace Henry Gorin, Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Gorin DATE May-31, 1938
19. UNDERTAKER (ADDRESS) Gerth & Bodeker Gorin, Mo
20. FILED 6/15, 1938 Don Pierce Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29th, 1938
22. HEREBY CERTIFY, That I attended deceased from Dec 28, 1937, to May 29, 1938
I last saw him alive on May 29th, 1938. Death is said to have occurred on the date stated above, at 10 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral ~~Regurgitation~~ Regurgitation	1-1-38

Other contributory causes of importance: 92 A

Name of operation — Date of —
What test confirmed diagnosis? Clinical 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) F. M. Johnson, M. D.
(Address) Gorin 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.