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.

REC'D AUG 9 1938
539

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

Do not use this space.

3
1

1. PLACE OF DEATH
County Buchanan — Registration District No. 85
Township — Primary Registration District No. 1001
City St. Joseph (No. State Hospital #2. St. Ward)

File No. 24769
Registered No. 730

2. FULL NAME Millie Henning 552
(a) Residence, No. Brunswick, Mo. St., Ward. Brunswick, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 3 mos. 6 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): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Phillip Henning

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 29, 1869

7. AGE: YEARS 68 — MONTHS 8 — DAYS 14 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Brunswick, Mo. Missouri

FATHER
13. NAME Fred Reece
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Mollie Feaker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Hospital Records
(ADDRESS) State Hospital #2. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Brunswick, Mo. DATE July 13, 1938.

19. UNDERTAKER H. O. Sidenfaden and Son
(ADDRESS) 1802 Union Str. St. Joseph, Mo.

20. FILED 7/13 1938 H. J. Nesselbush
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr. 7, 1938, to July 13, 1938
I last saw her alive on July 12, 1938. Death is said to have occurred on the date stated above, at 1:15 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
97	

Other contributory causes of importance:
Senility

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) R. Kuhlman, M. D.
(Address) State Hospital No. 2.