MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

50M-10-22-36 I X9314

DEC AUG 24 1938

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

2
1

Do not use this space.

24977

1. PLACE OF DEATH

County CASS

Township COLDWATER

City DREXEL

Registration District No. 151

Primary Registration District No. 4085

File No. 6

Registered No. 6

(No. ..... St. ..... Ward)

19
4
0

2. FULL NAME JOEL HENRY 560

(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

3. SEX: MALE

4. COLOR OR RACE: WHITE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): WIDOWED.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: LYDIA M. HENRY

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June, 9, 1849.

7. AGE: YEARS 89 | MONTHS 1 | DAYS 8 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Genl Farming.

10. Date deceased last worked at this occupation (month and year) Several Yrs Ago.

11. Total time (years) spent in this occupation Life.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Columbus, Co. Ohio. 1

FATHER

13. NAME: Hart F. Henry, 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio. 9

MOTHER

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not Known.

17. INFORMANT (ADDRESS): Mrs. A. C. Gillogly, Drexel, Missouri.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Sharon Cem. DATE July, 18 1938

19. UNDERTAKER (ADDRESS): J. B. Hays, Drexel, Missouri.

20. FILED 7/18 1938. John S Bundy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17, 1938

22. HEREBY CERTIFY, That I attended deceased from April 29, 1938 to July 17, 1938

I last saw him alive on July 16, 1938. Death is said to have occurred on the date stated above, at 2:30 a.m.

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

Carcinoma of Stomach — Date of onset 1937

46B-

Other contributory causes of importance:

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? .....

If so, specify .....

(Signed) Basil O'Hartwell, M. D.

144 (Address) Drexel Mo.