REC'D AUG 5 1938

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

26710
Do not use this space.

1. PLACE OF DEATH
(a) County Texas
(b) Township Burdine
(c) City Cabool Mo.
(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. 1 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 862
Primary Registration District No. 6138
Registered No. 73

2. PRINT FULL NAME Alphus Bennett Henry 560
(a) Residence, No. ..... St.
(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: M
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Tennie Henry
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12, 1883
7. AGE: YEARS 55 | MONTHS | DAYS 14 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Telephone Lineman
9. Industry or business in which work was done, as saw mill, bank, etc. Fresno Calif.
10. Date deceased last worked at this occupation (month and year) July 8 1938
11. Total time (years) spent in this occupation 23

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hutton Valley Mo

FATHER
13. NAME James G. Henry
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Manchester Tenn.

MOTHER
15. MAIDEN NAME Margarett Moffitt
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hendyson Co. Tenn.

17. INFORMANT (ADDRESS) Ruby Henry

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pleasant Grove DATE July 29 1938
Shannon Co. Mo
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Gaylord V. Elliott Cabool Mo.

20. FILED Aug 4 1938 Mrs. Louis Cummins
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26 1938

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1938, to July 26, 1938
I last saw him alive on July 26, 1938 Death is said to have occurred on the date stated above, at 5:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	July 24 1938
Age 55	

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? No
If so, specify .....
(Signed) L. M. Edens, M. D.
(Address) Cabool Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

789 (Licensed Embalmer's Statement on Reverse Side)

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, ...

....., or by .....

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

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