

REC'D DEC 13 1938

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

Do not use this space.

1. PLACE OF DEATH

County Buller
Township Neely
City Neelyville (No. 510)

2
Registration District No. 88
Primary Registration District No. 5190

File No. 38734
Registered No. 44
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Daisy Henby</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 1, 1894</u>		
7. AGE	YEARS <u>44</u>	MONTHS <u>9</u>
	DAYS <u>15</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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) <u>1938</u>	
	11. Total time (years) spent in this occupation <u>life</u>	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Renoville Mo.

13. NAME Columbus Henby

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Mo.

15. MAIDEN NAME Mary Snyder

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Mo.

17. INFORMANT Daisy Henby
(ADDRESS) Neelyville Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Harris Ridge DATE 11-17-1938

19. UNDERTAKER Morris Fish
(ADDRESS) Neelyville Mo.

20. FILED Nov-17-1938 Effie Lauterfeldt Registrar. 884 (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOV 16 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 12 1938, to Nov 12 1938

I last saw him _____ alive on Nov 12 1938. Death is said to have occurred on the date stated above, at 12:21 P.M.

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

Lobar pneumonia Date of onset Nov 9?

Other contributory causes of importance: none

Name of operation none 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) Effie Lauterfeldt Registrar. 884 (Address) Neelyville Mo.

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.

