Dr. Hill

REC'D JAN 6 1939

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

42810
Do not use this space.

1. PLACE OF DEATH

(a) County Cole — Registration District No. 213

(b) Township Jefferson — Primary Registration District No. 3014 — Registered No. 327

(c) or City Jeff. City, Mo. — (d) Street No. St. Marys Hospital 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Emil Henry

(a) Residence, No. Star D. #2 Jeff. City, Mo. St. Star Route #2
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Henry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-19-1871

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
67	7	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
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) Star Route #2 Jeff. City, Mo.

FATHER
13. NAME Francis Henry
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Star Route #2 Jeff. City, Mo.

MOTHER
15. MAIDEN NAME Josephine Placial
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

17. INFORMANT (ADDRESS) Mrs Mary Henry Jeff. City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ressurection Cem. DATE 12-19-1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Thorpe J. Gordon Jeff. City, Mo

20. FILED 12/19/1938 B. V. Brofoe M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1938, to Dec 16, 1938
I last saw him alive on Jan 10, 1938. Death is said to have occurred on the date stated above, at 10 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary artery disease — angina pectoris sudden death	

94 hrs

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) Jas. A. Hill, M. D.
(Address) Jefferson City, Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

I X16605

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 Ferd P. Dulle, Registered Apprentice No. ..... working under my personal supervision.

Signed Ferd P. Dulle

Licensed Embalmer No. 3890

P. O. Address Jefferson City, M

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

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