

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 MAY 16 1939

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

Do not use this space.

1. PLACE OF DEATH

County

Chariton

Registration District No.

169

Township

Brunswick

Primary Registration District No.

5235

City

(No. _____)

St.

Ward)

2. FULL NAME

(a) Residence, No. _____

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

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

Emilia Christine Henning

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

Sept 1, 1866

7. AGE

YEARS

72

MONTHS

7

DAYS

7

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

Farmer

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)

Dalton Mo

FATHER

13. NAME

John Henning

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

Germany

MOTHER

15. MAIDEN NAME

Elizabeth May

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

Germany

17. INFORMANT (ADDRESS)

Fred Henning Brunswick

18. BURIAL, CREMATION, OR REMOVAL

PLACE Brunswick DATE April 10, 1939

19. UNDERTAKER (ADDRESS)

Meyer Funeral Home Brunswick, Mo.

20. FILED

Apr. 9, 1939 Harry E. Tate Registrar

MEDICAL CERTIFICATE OF DEATH

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

April 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from

Jan 15, 1939, to Apr 8, 1939

I first saw him alive on Apr 8, 1939. Death is said

to have occurred on the date stated above, at 3:00 P.M.

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

Pulmonary Tuberculosis

Date of onset

1933

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) Harry E. Tate, M. D.

(Address) Brunswick, Mo.

