

JUN 21 1939

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

Do not use this space.

18750

1. PLACE OF DEATH

County Henry Registration District No. 349  
Township Jeb Primary Registration District No. 2407  
City Calhoun Mo (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Henry Wiley Freeman  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 26 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 m 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) \_\_\_\_\_

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 13 - 1905

7. AGE YEARS MONTHS DAYS if LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
34 6 18

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer  
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) Cornelia Mo

FATHER  
13. NAME Jack Freeman

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

MOTHER  
15. MAIDEN NAME Ella Burleson

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

17. INFORMANT Ella Burleson (ADDRESS) Calhoun Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Windsor DATE 5-1 1939

19. UNDERTAKER JA. Howser (ADDRESS) Calhoun Mo

20. FILED 5-1 1939 Mrs. G. G. Gray Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 30 1939

22. I HEREBY CERTIFY, That I attended deceased from Apr 30 1939, to Apr 30 1939  
I last saw him alive on Apr 30 1939. Death is said to have occurred on the date stated above, at 11:45 P. M.

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

Supposed to be J. B. -  
D.F. + U. S. G. S. 1938

Other contributory causes of importance: J. B.  
Flu. + Pleurisy 1938

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1939

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 H. G. Wiley, M. D.  
(Signed) \_\_\_\_\_

314 (Address) Lecton 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.

\_\_\_\_\_

RECEIVED

District Health Officer No. 7

District File Number

7-39-862

Date Filed

6-5-29