

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

12927

**1 PLACE OF DEATH**

County Henry  
Township \_\_\_\_\_  
or \_\_\_\_\_  
Village \_\_\_\_\_  
or \_\_\_\_\_  
City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 14 File No. \_\_\_\_\_  
Primary Registration District No. 4211 Registered No. 10

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

**2 FULL NAME**

Henry Darwin Case

**PERSONAL AND STATISTICAL PARTICULARS**

3 SEX M 4 COLOR OR RACE Black 5 SINGLE Married  
MARRIED WIDOWED OR DIVORCED (Write the word)

6 DATE OF BIRTH Feb 24 1867  
(Month) (Day) (Year)

7 AGE 51 yrs. 2 mos. 2 ds. IF LESS than 1 day.....hrs. or.....min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work Coal Miner  
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE South Carolina  
(City or town, State or foreign country)

**PARENTS**  
10 NAME OF FATHER Garry Thompson  
11 BIRTHPLACE OF FATHER Georgia  
(City or town, State or foreign country)  
12 MAIDEN NAME OF MOTHER Dont Know  
13 BIRTHPLACE OF MOTHER Dont Know  
(City or town, State or foreign country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Sally Williams  
Clinton Mo  
(Address)

15 Filed Apr 27 1918 E. R. Jennings  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH April 26 1918  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Feb 1, 1918, to April 26, 1918, that I last saw him alive on April 24, 1918, and that death occurred, on the date stated above, at 2:30 p.m.

The CAUSE OF DEATH\* was as follows:  
Gastric Carcinoma  
W  
(Duration).....yrs. 4 1/2 mos.....ds.

CONTRIBUTORY (Secondary) \_\_\_\_\_ (Duration).....yrs.....mos.....ds.  
(Signed) J. H. Walton M. D.  
April 27, 1918 (Address) Windsor Mo

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.  
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)  
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.  
Where was disease contracted if not at place of death?  
Former or usual residence.....

19 PLACE OF BURIAL OR REMOVAL Windsor Mo DATE OF BURIAL Apr 27 1918

20 UNDERTAKER J. E. Huston ADDRESS Windsor Mo

WRITE PLAINLY, WITH UNFADING INK—THESE ARE PERMANENT RECORDS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact nature of OCCUPATION is important.

# LOCAL REGISTRAR'S RECORD—DO NOT TEAR LEAF OUT

## 1 PLACE OF DEATH

County .....  
 Township .....  
 or  
 Village .....  
 or  
 City .....  
 Registration District No. ....  
 Primary Registration District No. ....  
 (NO .....)

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

File No. ....  
 Registered No. ....  
 St. .... Ward) .....

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

## 2 FULL NAME

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX .....  
 4 COLOR OR RACE .....  
 5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)  
 6 DATE OF BIRTH ..... (Month) ..... 191..... (Day) ..... 191..... (Year)  
 7 AGE .....  
 IF LESS than 1 day ..... hrs. or ..... min. ?  
 8 OCCUPATION  
 (a) Trade, profession, or particular kind of work .....  
 (b) General nature of industry business or establishment in which employed (or employer) .....

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH ..... (Month) ..... 191..... (Day) ..... 191..... (Year)  
 17 I HEREBY CERTIFY, that I attended deceased from ..... 191....., to ..... 191....., that I last saw h ..... alive on ..... 191..... and that death occurred, on the date stated above, at ..... m. The CAUSE OF DEATH\* was as follows:  
 .....

### PARENTS

10 NAME OF FATHER ..... (Duration) ..... yrs. mos. .... ds.  
 11 BIRTHPLACE OF FATHER (City or town, State or foreign country) .....  
 12 MAIDEN NAME OF MOTHER ..... (Duration) ..... yrs. mos. .... ds. M. D. ....  
 13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) .....

### 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) .....  
 (Address) .....

15

### 19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL ..... 191.....

### 20 UNDERTAKER

ADDRESS .....

Registrar

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.