

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

Do not use this space.

1031

1. PLACE OF DEATH

County **Henry**
Township **Clinton**
City **Clinton** (No., ..)

Registration District No. **347**
Primary Registration District No. **2018**

File No.
Registered No. **5**
St. Ward)

2. FULL NAME **Herman Avery**

(a) Residence, No. **No Main Street** St., Ward,

(Usual place of abode) (If nonresident, give city or town and State)
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 Male **4. COLOR OR RACE** Ethiopian **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-14-1890

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,	
				hrs.	min.
	41	10	14		

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 237

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) Lewis Station Missouri

13. NAME Wm. Avery

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson Co. Missouri

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

17. INFORMANT (ADDRESS) Forrest Avery Clinton, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Clinton **DATE** 1-10 1931

19. UNDERTAKER (ADDRESS) W. H. Sims Clinton, Missouri

20. FILED 1/10 1931 Ed. C. Peelor Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-8 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1930 to 1-8, 1931

I last saw him alive on Dec 6, 1930. Death is said to have occurred on the date stated above, at 1 a.m.

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

Pulmonary T. B. Date of onset ?

Other contributors causes of importance:

Name of operation Date of

What test confirmed the diagnosis? 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

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) J. S. Walker, M. D.

(Address) Clinton, Mo.

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.

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

JAN 10 1931

