

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

Do not use this space.

13935

**1. PLACE OF DEATH**

County Henry  
Township Peter  
City Calhoun (No. ....)

Registration District No. 349  
Primary Registration District No. 4207

File No. ....  
Registered No. 10 St. .... Ward)

**2. FULL NAME**

Hiram E. Henry

(a) Residence, No. .... St. .... Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 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**

White

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

Widower

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

Rebecca Henry

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

April 6 - 1888

**7. AGE**

YEARS	MONTHS	DAYS	If LESS than 1 day, .... hrs. or .... min.
<u>77</u>	<u>11</u>	<u>28</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. Laborer 331  
(b) General nature of industry, business, or establishment in which employed (or employer).  
(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Johnston Co 710 1

PARENTS

**10. NAME OF FATHER** Hiram Henry

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)** Durbin  
(STATE OR COUNTRY) North Carolina

**12. MAIDEN NAME OF MOTHER** Don't know

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)** Don't know 31  
(STATE OR COUNTRY)

**14.**

INFORMANT M. O. Stevens  
(Address) Calhoun

**15.**

FILED 5/2, 1931 Mrs. A. A. Gray  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** 4-3-31 1931

**17. I HEREBY CERTIFY, That I attended deceased from** Mar 28, 1931, to Mar 3, 1931, that I last saw him alive on March 3, 1931, and that death occurred, on the date stated above, at 11:20 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Bronchial Flu

**CONTRIBUTORY (SECONDARY)**

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH at place death

**19. DID AN OPERATION PRECEDE DEATH?** no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) J. R. Hampton, M. D.

. 1931 (Address) Clinton Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

**DATE OF BURIAL**

Calhoun Cemetery April 5 1931

**20. UNDERTAKER**

**ADDRESS**

J. A. Housey Calhoun 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.

JUN 26 1931

1. The first part of the document discusses the importance of maintaining accurate records of all transactions and activities. It emphasizes that this is essential for ensuring transparency and accountability in the organization's operations.

2. The second part of the document outlines the various methods and tools used to collect and analyze data. It highlights the need for consistent data collection procedures and the use of advanced analytical techniques to derive meaningful insights from the data.

3. The third part of the document focuses on the role of technology in data management and analysis. It discusses how modern software solutions can streamline data collection, storage, and processing, thereby improving efficiency and accuracy.

4. The fourth part of the document addresses the challenges associated with data management, such as data quality, security, and privacy. It provides strategies to mitigate these risks and ensure that the data remains reliable and secure throughout its lifecycle.

5. The fifth part of the document concludes by summarizing the key findings and recommendations. It stresses the importance of a data-driven approach in decision-making and the need for continuous monitoring and improvement of the data management process.