

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

Do not use this space.

MAY 25 1934

12649

1. PLACE OF DEATH

County HENRY Registration District No. 347
Township Clinton Primary Registration District No. 3018
City Clinton (No. _____) St. _____ Ward _____

File No. _____
Registered No. 50

2. FULL NAME

Henry Alfred Justis
(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 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) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-19-1912
7. AGE YEARS 21 MONTHS 10 DAYS 23 If LESS than 1 day, _____ hrs. or _____ min.

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. Chicken House
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) Missouri

13. NAME Joseph Henry Justis

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

15. MAIDEN NAME Viola Mae Vandegrad

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

17. INFORMANT Joseph Justis
(ADDRESS) Clinton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE 4-12-34

19. UNDERTAKER James General Home
(ADDRESS) Clinton, Mo.

20. FILE 4-14 1934 J. R. Hampton
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-11-1934

22. I HEREBY CERTIFY, That I attended deceased from April 6, 1934, to April 11, 1934

I last saw him alive on April 11, 1934. Death is said to have occurred on the date stated above, at 1:40 p.m.

The principal cause of death and related causes of importance were as follows:
Congenital Heart lesion Date of onset _____

Other contributory causes of importance:
None

Name of operation None Date of _____
What test confirmed diagnosis? Examined Was there an autopsy? No

23. 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) D. W. Wolburn, M. D.
(Address) Clinton, 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.

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