

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

Do not use this space.

DEC 18 1936

40800

1. PLACE OF DEATH

County *Copier*
Township *North Mountain*
City (No.)

Registration District No. *224*
Primary Registration District No. *5309*

File No.
Registered No.

2. FULL NAME

Thomas Adam 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *11-4-1936*

6A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF *Barbara Henry*

22. I HEREBY CERTIFY, That I attended deceased from *May 16, 1936*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *12-19-1875*

I last saw him alive on *10-15-1936* Death is said

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 10 15

to have occurred on the date stated above, at *3 P* m.

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

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

Ulcer stomach Date of onset *Unknown*

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

10. Date deceased last worked at this occupation (month and year) *July*

11. Total time (years and months) spent in this occupation *most of life*

Other contributory causes of importance: *1170*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *California*

13. NAME *Tom Henry*

Name of operation Date of

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

What test confirmed diagnosis? Was there an autopsy?

15. MAIDEN NAME *Jana Strobel*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

Where did injury occur? (Specify city or town, county, and State)

17. INFORMANT (ADDRESS) *Paul Henry*

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE *Wagoner* DATE *11 6 36*

Manner of injury Nature of injury

19. UNDERTAKER (ADDRESS) *Ed Starnes*

24. Was disease or injury in any way related to occupation of deceased? If so, specify

20. FILED *11-6-36* Registrar *Ed Starnes*

(Signed) *Ed Starnes* M. D. (Address) *Frank House No*

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.

