

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

Do not use this space.

1. PLACE OF DEATH

County Boone
Township _____
City Columbia (No. _____)

Registration District No. 73
Primary Registration District No. 3006

File No. 4579
Registered No. 35
St. _____ Ward)

2. FULL NAME

Henry Spencer Day
(a) Residence No. _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 14 1918

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
12 6 6

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Student
(b) General nature of industry, business, or establishment in which employed (or employer). 7th Grade
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Near Fulton
(STATE OR COUNTRY) Callaway Co Mo

10. NAME OF FATHER George W Day

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Callaway Co Mo
(STATE OR COUNTRY)

12. MARDEN NAME OF MOTHER Callaway Co Mo

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Boone Co Mo
(STATE OR COUNTRY)

14. INFORMANT W. L. Wilson
(Address) 533 Madison St Jefferson City Mo

15. FILED 2/16/31 F. C. Suggs
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 14 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 4, 1931, to Feb 14, 1931, that I last saw him alive on Feb 4, 1931, and that death occurred, on the date stated above, at 6.15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Meningitis (Pneumococcus Type)

79K (duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY) 79A (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Fulton, Mo

0 DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Spinal Punctures
(Signed) Hugh L. Mason, M. D.
2/15/31 (Address) Columbia 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 Johnson Family Cemetery F. L. 1931 DATE OF BURIAL _____

20. UNDERTAKER B. B. Baker ADDRESS Columbia

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 OMPACTING INFORMATION IS A PREFERRED RECORD.

