

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

Do not use this space.

OCT 21 1936

1. PLACE OF DEATH

County Henry Registration District No. 347
Township White Oak Primary Registration District No. 5495
City Urich (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Urich St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 10 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
(write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 21, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from Sept. 14, 1936 to Sept. 21, 1936
I last saw her alive on Sept. 21, 1936 Death is said to have occurred on the date stated above, at 8-10 m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25-1860

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 1 26

Enterocolitis

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

Date of onset 9-12-36

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

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

Other contributory causes of importance:

11. Total time (years) spent in this occupation

Diabetes Mellitus

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dover, Ohio

Gangrene of foot

13. NAME Benedict Henry

Name of operation _____ Date of _____
What test confirmed diagnosis? Physic (Was there an autopsy?) No

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

23. If death was due to external causes (violence), fill in also the following: No
Accident, suicide, or homicide? No Date of injury _____, 19____

15. MAIDEN NAME Margalthe Hennip

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

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

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

17. INFORMANT (ADDRESS) Mrs. J. R. Mock

Manner of injury _____

18. BURIAL, CREMATION, OR REMOVAL

Nature of injury _____

PLACE Hickory Grove DATE 9-23-36

19. UNDERTAKER (ADDRESS) Smith & Graham

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

20. FILED 9-29 1936 J. R. Hampton Registrar.

(Signed) R. R. Smith, M. D.

(Address) Urich 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.

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

