REC'D FEB 21 1939

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

Do not use this space.

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.

1. PLACE OF DEATH
County Adair — Registration District No. 4 — File No. 1450
Township — Primary Registration District No. 3001 — Registered No. 24
City Kirksville (No. Laughlin Hospital St. 2 Ward)

2. FULL NAME 56 Minnie Henery
(a) Residence, No. .... St., ... Ward. Stewartsville Mo.
(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: F
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John Henery
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 3 - 13 - 1885
7. AGE: YEARS 53, MONTHS 10, DAYS 22. If LESS than 1 day, ...hrs. or ......min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Hemple (STATE OR COUNTRY) Missouri
FATHER
13. NAME Chester Heiner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn
MOTHER
15. MAIDEN NAME Henretta Graeff
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York
17. INFORMANT John Henery (ADDRESS) Osborn Mo. R.R.
18. BURIAL, CREMATION, OR REMOVAL PLACE Stewartsville Mo DATE 2 - 5 - 1939
Ridgeville Cemt
19. UNDERTAKER Dee Riley Funeral Home (ADDRESS) Kirksville Mo
20. FILED Feb. 5, 1939 Spencer L. Freeman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 5, 1939
22. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1939, to Feb 5, 1939
I last saw her alive on Feb 5, 1939. Death is said to have occurred on the date stated above, at 10 40 m.
The principal cause of death and related causes of importance were as follows:
Peritonitis (secondary to perforation of gangrenous gall bladder) — Date of onset 2-2-39
Other contributory causes of importance:
Diabetes of long standing
Name of operation Exploratory Lap. — Date of 2-3-39
What test confirmed diagnosis? Op. — Was there an autopsy? No
23. If 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) Earl Laughlin Jr. M. D.
(Address) Kirksville, Mo.

59

RECEIVED
District Health Officer No. 10
District File Number 10-39-10
Date Filed FEB 9 1939

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1450
Do not use this space.

1. PLACE OF DEATH
(a) County Adair — Registration District No. 4
(b) Township — Primary Registration District No. 3001 — Registered No.
(c) City Kirksville (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Minnie Henry
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) M
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	53	10	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
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)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)
18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE, 19
19. FUNERAL DIRECTOR (ADDRESS)
20. FILED, 19
Local Registrar.

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(secondary to perforation ?
gangrenous gall bladder
54

Other contributory causes of importance: Diabetes long standing
Exploratory Lap.

Name of operation Exploratory Lap Date of
What test confirmed diagnosis? Was there an autopsy?

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Nature of injury

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If so, specify
(Signed) Earl Laughlin, M. D.
(Address) Kirksville Mo

SUPPLEMENTARY