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.

REC'D MAR 10 1939

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

5786
Do not use this space.

1. PLACE OF DEATH

(a) County Barry Registration District No. 37

(b) Township Ash No Primary Registration District No. 6241 Registered No.

(c) City Washburn (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 560 David Price Henry

(a) Residence, No. Barry County 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: 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) Jan 8, 1924

7. AGE: YEARS 15 MONTHS 1 DAYS 20 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
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) Washburn, Mo 0

FATHER
13. NAME Tom Henry 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washburn Barry Co Mo 1

MOTHER
15. MAIDEN NAME Minerva Still
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ~~[illegible]~~ Tenn.

17. INFORMANT (ADDRESS) Tom Henry R#2 Washburn, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Roller DATE Mar 1 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Koon Funeral Home Cassville, Mo.

20. FILED Mar. 1, 1939 Cles Edens
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 26, 1939, to Feb. 28, 1939
I last saw him alive on Feb. 28, 1939. Death is said to have occurred on the date stated above, at 9 P.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Perotinitis.

Other contributory causes of importance:

Acute Appendicitis with intestional Obstruction

Name of operation Blood Count Date of
What test confirmed diagnosis? Syngton Was there an autopsy?

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?
If so, specify
(Signed) Dr Chas. R. Brown M. D. 0
(Address) Seligman Mo

(Licensed Embalmer's Statement on Reverse Side)

Dr. Brown

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.