

John Henry
b. 16 Feb. 1857
d. 27 June 1917

F: Michael Henry Iré.
M: Lizzie b. 1860
M: Lilla Bennett Iré.

1523 N. 15th Street

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

County:
Township:
Village:
City:
Registration District No. 781
Primary Registration District No. 1003
Registered No. 24077
6837
Ward: 4
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME John Henry

3 SEX Male
4 COLOR OR RACE White
5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)

6 DATE OF BIRTH Feb. 16 1857
(Month) (Day) (Year)

7 AGE 60 yrs. 4 mos. 11 da.
If LESS than 1 day... hrs. or... min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work
Barnett Worker
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE England
(City or town, State or foreign country)

10 NAME OF FATHER Michael Henry
11 BIRTHPLACE Ireland
(City or town, State or foreign country)
12 MAIDEN NAME OF MOTHER Lilla Bennett
13 BIRTHPLACE Ireland
(City or town, State or foreign country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Lilla Bennett
(Address) 1523 N. 15th St. St. Louis, Mo.

15 FILED 20 1917
Max G. Starnesoff Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 27 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from 191 to 191
that I last saw him alive on 191 and that death occurred, on the date stated above, at 4:30 p.m.

The CAUSE OF DEATH was as follows:
Stroke

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death: yrs. mos. da. In the State: yrs. mos. da.
Where was disease contracted? If not at place of death?
Former or usual residence: 1523 N. 15th St. St. Louis, Mo.

19 PLACE OF BURIAL OR REMOVAL
St. Mary's Church
DATE OF BURIAL June 29 1917

20 SIGNATURE OF REGISTRAR
Max G. Starnesoff
ADDRESS 1523 N. 15th St. St. Louis, Mo.

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.