

Thomas Henry
M. Betha

B. 10 Aug. 1879
d. 1 Jan. 1919

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

F. Michael Henry
M. Catherine Ralley

1510 N. Zeffingwell

1. PLACE OF DEATH
 County: _____ Registration District No. 701
 Township: _____ Primary Registration District No. 1002
 City: _____ St. _____ Ward: _____
 2. FULL NAME: Thomas Henry
 (a) Residence: No. 1510 N. Zeffingwell
 (Usual place of abode)
 Length of residence in city or town where death occurred: _____ yrs. _____ mos. _____ da. How long in U.S. if of foreign birth? _____ yrs. _____ mos. _____ da. (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): Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED: HUSBAND OR WIFE: Betha Henry
 6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 10, 1879
 7. AGE: YEARS 39 MONTHS 4 DAYS 21
 8. OCCUPATION OF DECEASED: Bartender

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 1, 1919
 17. I HEREBY CERTIFY That I attended deceased from _____
 that I had saw him, after an interval of _____
 death occurred, as the date stated above, at _____
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
 Tuberculous enterocolitis

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Mo
 10. NAME OF FATHER: Michael Henry
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ireland
 12. MAIDEN NAME OF MOTHER: Catherine Ralley
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ireland

18. WHERE WAS DISEASE CONTRACTED: _____
 IF NOT AT PLACE OF DEATH: _____
 DID AN OPERATION PRECEDE DEATH: _____ DATE OF _____
 WAS THERE AN AUTOPSY: _____
 WHAT TEST CONTAINED: _____
 (Signed) _____ M. D.
 19A. CONTRIBUTORY (SECONDARY): _____

14. INFORMANT: Betha Henry (Wife)
 (Address) 1510 N. Zeffingwell
 15. DATE: Jan 3, 1919
 REGISTRAR: M. Betha

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: _____
 20. UNDERTAKER: _____
 DATE OF BURIAL: Jan 4, 1919
 ADDRESS: 3611 Washington

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 UNFADING INK—THIS IS A PERMANENT RECORD