

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

Do not use this space.

1. PLACE OF DEATH

County Bollinger
Township Lerance
City Leopold (No. _____)

Registration District No. 66
Primary Registration District No. 51028

File No. 1977
Registered No. _____
St. _____ Ward _____

2. FULL NAME Henry Tenholder 5-11-9

(a) Residence, No. _____ St. _____ Ward _____

(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? 66 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Merch 11 1960

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
77 10 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) (STATE OR COUNTRY) Holland 7

MOTHER 13. NAME Dirk Tenholder 7

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holland 9

MOTHER 15. MAIDEN NAME Dont Know,

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

17. INFORMANT Martin Tenholder
(ADDRESS) Leopold Mo,

18. BURIAL, CREMATION, OR REMOVAL PLACE Leopold Mo, DATE Jan, 19 1938

19. UNDERTAKER Baker Funeral Home, I.E.H.
(ADDRESS) Lutesville, Mo,

20. FILED 2/1 1938 R. J. Chandler
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 17 1938

22. I HEREBY CERTIFY That I attended deceased from Dec. 14 1937 to Jan-17 1938
I last saw him alive on Jan 11 1938 Death is said to have occurred on the date stated above, at 8:00 a.m.

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

Cardiac dilatation
Complicated with
General nervous
break down
Date of onset _____

Other contributory causes of importance: old age - 95

Name of operation no operation Date of _____

What test confirmed diagnosis? Phys. exam Was there an autopsy? no

23. If death is due to external cause (injury), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19 _____
Where did injury occur? _____

Specify whether injury occurred by industry, in home, or in public place.
FEB 21 1938

Manner of injury _____

Nature BUREAU OF VITAL STATISTICS

24. Was deceased ever in any way related to occupation of deceased? no

If so, specify _____

(Signed) J. M. Sturtevant M. D.
(Address) Lutesville Mo.

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.

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