

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH Pass ✓
 County Pass
 Township Camp Branch Registration District No. 152 File No. 22462
 or
 Village _____ Primary Registration District No. 5216 Registered No. 5
 or
 City _____ (NO. _____) St. _____ Ward _____

FULL NAME Laron Henderson

(If death occurred in a hospital or institution, give its NAME instead of street and number)

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED <u>married</u> WIDOWED OR DIVORCED (Write the word)
DATE OF BIRTH <u>September - 2 - 1852</u> (Month) (Day) (Year)		
AGE <u>60</u> yrs. <u>10</u> mos. <u>28</u> ds.		IF LESS than 1 day, ___ hrs or ___ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>Farmer</u> <u>91A</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>1-572</u> <u>82B</u>		
BIRTHPLACE (City or town, State or foreign country) <u>New Jersey</u>		
PARENTS	NAME OF FATHER <u>L. Henderson</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>New Jersey</u>	
	MAIDEN NAME OF MOTHER <u>Sarah Wilson</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>New Jersey</u>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		
(Informant) <u>Mrs L. B. Henderson</u>		
(ADDRESS) <u>Garden City Mo</u>		
Filed <u>July 12 1912</u> <u>W. K. Wright</u> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

3

DATE OF DEATH July - 6 - 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from June 20, 1912, to July - 6 - 1912, that I last saw him alive on July - 6 - 1912, and that death occurred, on the date stated above, at 12 A.M.

THE CAUSE OF DEATH* was as follows:
Paralysis with Cerebral Hemorrhage also Renal Complications
 (Duration) ___ yrs. ___ mos. 16 ds.

Contributory Other causes
 (SECONDARY) (Duration) 30 yrs. ___ mos. ___ ds.

(Signed) W. H. Garrison M. D.
July - 6 - 1912 (Address) Eight Mile Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
 At place of death 10 yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted if not at place of death? at Place of death

Former or usual residence at same place

PLACE OF BURIAL OR REMOVAL Garden City DATE OF BURIAL July 7 1912

UNDERTAKER W. K. Wright ADDRESS W. K. Wright

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.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma*, *Sar-*

coma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OR HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)



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.

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

PLACE OF DEATH

County Cass
Township Camp Branch
or
Village _____
or
City _____

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

Registration District No. 152 File No. 22462
Primary Registration District No. 5216 Registered No. 5
St. _____ Ward _____

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME

Larow. Hendershot

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED married
(Write the word)

DATE OF BIRTH Sept. 2, 1852
(Month) (Day) (Year)

AGE 60 yrs. 10 mos. 28 ds. If LESS than 1 day, ___ hrs. or ___ min.

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

BIRTHPLACE (City or town, State or foreign country) New Jersey

PARENTS NAME OF FATHER J. Hendershot BIRTHPLACE OF FATHER (City or town, State or foreign country) New Jersey
MAIDEN NAME OF MOTHER Sarah Wilson BIRTHPLACE OF MOTHER (City or town, State or foreign country) New Jersey

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mrs. S. B. Hendershot
(ADDRESS) Garden City Mo.

Filed July 12, 1912 W. K. Knight REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 6, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from June 20, 1912 to July 6, 1912
(that I last saw him alive on July 6, 1912, and that death occurred, on the date stated above, at 12 a. m.

The CAUSE OF DEATH* was as follows:
Acute ascending Paralysis.

(Duration) 1 yrs. ___ mos. ___ ds.
Contributory Cerebral complications
(SECONDARY)

(Signed) W. H. Garrison M. D. July 6, 1912 (Address) Eight mile Mo.

*State the Disease Causing Death, or, in Deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted? If not at place of death?
Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Garden City DATE OF BURIAL July 7, 1912
UNDERTAKER O. W. Kempfman ADDRESS Garden City

Original file, date JUL 1912

All information called for must be written on this Supplementary Certificate.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

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Whooping cough; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)