APR 27 1927

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

Do not use this space. 1751 B

1. PLACE OF DEATH
County McDonald
Township Prairie
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 315
Primary Registration District No. 5687

File No. .....
Registered No. .....

2. FULL NAME Marion Meade Henderson

(a) Residence. No. Route #2 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? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 21st/1905

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	21	9	3	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Electrician
(b) General nature of industry, business, or establishment in which employed (or employer) Electric
(c) Name of employer Self

9. BIRTHPLACE (CITY OR TOWN) Lebanon
(STATE OR COUNTRY) Smith County Kansas

PARENTS
10. NAME OF FATHER Samuel W. Henderson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Quincy
(STATE OR COUNTRY) Illinois
12. MAIDEN NAME OF MOTHER Emma Young
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Missouri

14. INFORMANT Emma Henderson
(Address) Southwest City Mo Route #2

15. FILED 1/24, 1927 John J. Nichols
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 24 1927

17. I HEREBY CERTIFY, That I attended deceased from January 17, 1927, to January 24, 1927, that I last saw him alive on January 24, 1927, and that death occurred, on the date stated above, at 4:00 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Nephritis
following Scarlet fever

(duration) ..... yrs. ..... mos. 30 ds.

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED .....
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) G. W. Payne, M. D
2/3, 1927 (Address) Southwest City, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Saratoga Cemetry
DATE OF BURIAL Jan 25th 1927

20. UNDERTAKER Nichols Brothers
ADDRESS Southwest City

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.