

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

Do not use this space.

12510

1. PLACE OF DEATH

County Barry
Township Caruthersville
City Caruthersville (No.)

Registration District No. 657
Primary Registration District No. 4388

File No.
Registered No. 50
St. Ward)

2. FULL NAME No name

(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? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED single
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 20-1921
7. AGE YEARS MONTHS DAYS If LESS than 1 day, 7 hrs. or ... min.

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

9. BIRTHPLACE (CITY OR TOWN) Caruthersville
(STATE OR COUNTRY) mo.

PARENTS
10. NAME OF FATHER Malcolm B. Henson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Caruthersville
(STATE OR COUNTRY) Miss
12. MAIDEN NAME OF MOTHER Vivian C. Gaddy
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Caruthersville
(STATE OR COUNTRY) Mo.

14. INFORMANT P. H. Nippon
(Address) Caruthersville, Mo.

15. FILED Apr. 25, 1927 Ada Martin
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/20-1927
17. I HEREBY CERTIFY, That I attended deceased from 4/20, 1927, to 4/20, 1927, that I last saw him alive on 4/20, 1927, and that death occurred, on the date stated above, at 9 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hemorrhage of Pleurae
Pneumonia
159
CONTRIBUTORY (SECONDARY) 161 B

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....
8 Did an operation precede death?..... DATE OF.....
WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS.....
(Signed) P. H. Nippon, M. D.
4/25, 1927 (Address) Caruthersville

*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 Caruthersville, Mo. DATE OF BURIAL April 20, 1927

20. UNDERTAKER Friends ADDRESS Caruthersville, 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.

MAY 31 1927

