AUG 7 1927

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

Do not write in this space.

18770

File No. 6.

Registered No. 361

1. PLACE OF DEATH
County Laurence
Township
City Pierce City Mo (No. ..... St. ..... Ward)
Registration District No. 471
Primary Registration District No. 6284

2. FULL NAME William Hendricks.

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
M.	W.	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 21-1838

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	89	5	9	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work retired, 927
(b) General nature of industry, business, or establishment in which employed (or employer) 937
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Ind.

PARENTS

10. NAME OF FATHER William Hendricks
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ind.
12. MAIDEN NAME OF MOTHER Mary A Overstreet
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ind.

14. INFORMANT David C Hatfield
(Address) Pierce City Mo

15. FILED 8/10 1927. W. E. Clark REGISTRAR

5 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 30 1927

17. I HEREBY CERTIFY, That I attended deceased from June 15th 1927 to June 30 1927 that I last saw him alive on June 27, 1927, and that death occurred, on the date stated above, at 8.30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

mitral regurgitation
myocardial insufficiency
(duration) ? yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Prostatic hypertrophy
Cystitis, chronic tuberculous
(duration) ? yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED? Home
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical signs

(Signed) J. Rice Clark, M. D
, 19 (Address) Pierce 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 Sorrento Ill. DATE OF BURIAL July 3 1927

20. UNDERTAKER Wm Russell Jr. ADDRESS Pierce City 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. THIS IS A PERMANENT RECORD