

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.

AUG 6 1927

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

Do not use this space.

21039

1. PLACE OF DEATH
County Dallas Registration District No. 247
Towship Wilson Primary Registration District No. 5343
City Longview (No.) St. Ward

2. FULL NAME Bessie Henson
(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lawrence Henson
6. DATE OF BIRTH (MONTH, DAY AND YEAR) March - 16 - 1904
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
26 3 25
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9. BIRTHPLACE (CITY OR TOWN) Dallas Texas
(STATE OR COUNTRY)

10. NAME OF FATHER John Mathis
11. BIRTHPLACE OF FATHER (CITY OR TOWN) unknown
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Ellie Vest
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dallas Tex
(STATE OR COUNTRY)

14. INFORMANT John Randleman
(Address) Longview mo

15. FILED 8-10-1927
D. S. Palmer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-10-27
17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1927, to July 7, 1927
that I last saw him alive on 7-1-27, 1927, and that death occurred, on the date stated above, at 8 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia T. B.
23A
31 (duration) yrs. mos. da.
CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH?

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. W. Hurd, M. D.
7-11-1927 (Address) Conway

*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 New Hope DATE OF BURIAL 7-11-1927
20. UNDERTAKER Ruth Jones ADDRESS Buffalo mo

