

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

Do not use this space.

SEP 29 1927

24974

1. PLACE OF DEATH

County Morgan
Township Mill Creek
City Spartan, Mo (No. _____)

Registration District No. 97
Primary Registration District No. 5797C

File No. _____
Registered No. 9 (St. _____ Ward)

2. FULL NAME Jessie H Hendricks

(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)

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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 12 - 1850

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
<u>77</u>	<u>"</u>	<u>1</u>	<u>26</u>	<u>or min.</u>

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Plummer, Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Lemora Hendricks

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Betty Lock

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

14. INFORMANT Mrs Geo. Hatfield
(Address) Spartan, Mo

15. FILED 8/10/27 J. K. Conroy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug - 8 - 1927

17. I HEREBY CERTIFY, That I attended deceased from May 12, 1927, to Aug 7, 1927, that I last saw him alive on Aug 7, 1927, and that death occurred, on the date stated above, at 8:50 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage

2:12 P

7:12 M

92-14

(duration) yrs. mos. ds.

CONTRIBUTORY Fall from wagon
(SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT A PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) M. Dick, M. D.

, 19 (Address) Spartan, 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

St. Olivet cemetery DATE OF BURIAL Aug 10 1927

20. UNDERTAKER H. Spillers ADDRESS Atterville, 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.

