

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

Do not use this space.

5237

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. _____
 Township Rur Primary Registration District No. 1002 Registered No. 899
 City Kansas (No. Henry Hospital) St. _____ Ward _____

2. FULL NAME

Lawrence Hendricks
 (a) Residence No. Hamilton Mo 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 17th 1925

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
2 | 4 | 11 | _____

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Hamilton Mo
 (STATE OR COUNTRY)

10. NAME OF FATHER Gary Hendrick

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

12. MAIDEN NAME OF MOTHER Ma Matheson

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

14. INFORMANT Gary T Hendricks
 (Address) Hamilton, Mo

15. FILED 7/29 28 M M. Crowe
 REGISTRAR Arct

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 28th 1928

17. I HEREBY CERTIFY, That I attended deceased from 2-12, 1928, to 2-28, 1928
 that I last saw ~~him~~ alive on Feb. 27, 1928, and that death occurred, on the date stated above, at 6:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bilateral Mastoiditis
(Purulent)
89B 76B
 (duration) yrs. 1 mos. da.
 CONTRIBUTORY (SECONDARY) _____
 (duration) yrs. mos. da.

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

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Feb. 27th
 WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) C. G. Eldridge, M. D.
7/28, 1928 (Address) 711 Lathrop Bldg. cno

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Highland Cemetery DATE OF BURIAL Feb 29 1928

20. UNDERTAKER John Naupha ADDRESS Hamilton 1990

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.

2025 RELEASE UNDER E.O. 14176

