29 1928

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

Do not use this space.

1. PLACE OF DEATH
County: Buchanan — Registration District No. 85 — File No. 7913
Township: — Primary Registration District No. 1001 — Registered No. 357
City: St Joseph (No. 1 Hayes Hosp St. Ward)

2. FULL NAME: Frances Catherine Henderson
(a) Residence. No. St., Ward. Pattensburg Mo
(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: F
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 16 - 1915

7. AGE: Years 12 — Months 5 — Days 4 — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer): None.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Davis Co

PARENTS
10. NAME OF FATHER: G P Henderson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Daviess Co
12. MAIDEN NAME OF MOTHER: Letta Hauer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Daviess Co

14. INFORMANT: G P Henderson
(Address) Pattensburg Mo

15. FILED: MAR 20 1928 — John G [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): March 20 1928

17. I HEREBY CERTIFY, That I attended deceased from Mar 18, 1928, to Mar 20, 1928; that I last saw her alive on Mar 20, 1928, and that death occurred, on the date stated above, at 7:10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
acute appendicitis
1178
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): acute appendicitis
(duration) yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? yes. DATE OF Mar 18
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) H. S. Conrad, M. D
3/20 1928 (Address) St Joseph 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: civil lb in Pattensburg Mo — DATE OF BURIAL: 3-21-28

20. UNDERTAKER: G S Gramer Pattensburg Mo — ADDRESS

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.