

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

Do not use this space.

9869

**1. PLACE OF DEATH**

County Monroe  
Township Monroe  
City Monroe City (No. ....)

Registration District No. 581  
Primary Registration District No. 4343

File No. ....  
Registered No. 8  
St. .... Ward)

**2. FULL NAME**

Mary Catharine Hendricks  
(a) Residence. Mo. St. .... Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred 38 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) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 14 - 1838

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
89 9 16

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work None -  
(b) General nature of industry, business, or establishment in which employed (or employer) At Home -  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Monroe Co. Missouri

10. NAME OF FATHER Samuel Mounce

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

12. MAIDEN NAME OF MOTHER Elizabeth Boyer

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

14. INFORMANT (Address) Mrs. W. F. Barker  
Palmyra Mo. No. 11

15. FILED 3/30 1928 O. W. Wilson  
Deputy Registrar

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 30<sup>th</sup> 1928

17. I HEREBY CERTIFY, That I attended deceased from March 27, 1928, to May 30, 1928, that I last saw him/her alive on March 29, 1928, and that death occurred, on the date stated above, at 1:20 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic Interstitial Nephritis  
Arteriosclerosis  
131  
997 (duration) 10 yrs. .... mos. .... da.

CONTRIBUTORY (SECONDARY) None (duration) .... yrs. .... mos. .... da.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical Findings  
(Signed) John P. M... M. D.

3/30 1928 (Address) Monroe 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 DATE OF BURIAL

St. Judes Cemetery April 1<sup>st</sup> 1928

20. UNDERTAKER ADDRESS Wilson and Son - Monroe 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.

