

1928

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

Do not use this space.

14338

1. PLACE OF DEATH

County PettisRegistration District No. 668Township XPrimary Registration District No. 3032City Sedalia (No.)

File No.

Registered No. 142

St. Ward)

2. FULL NAME

Mervice Hendrix

(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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

FemaleCol.Single

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

X

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Oct. 25, 1920

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

760

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Student

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Marvell

(STATE OR COUNTRY)

Arkansas

10. NAME OF FATHER

Felix Hendrix

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Marvell

(STATE OR COUNTRY)

Arkansas

12. MAIDEN NAME OF MOTHER

Bertha Scott

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Marvell

(STATE OR COUNTRY)

Arkansas

PARENTS

14. INFORMANT

(Address)

Felix Hendrix
Sedalia, Mo.

15. FILED

4-27-28

19.

J. L. Love

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR) 4-25-28 19

17. I HEREBY CERTIFY, That I attended deceased from

4-25-28, 19, to 4-25-28, 19,that I last saw h alive on 4-25-28, 19, and that death occurred, on the date stated above, at 6 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Branch pneumonia107A (duration) yrs. mos. / ds.

CONTRIBUTORY (SECONDARY)

measles

(duration) yrs. mos. / ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, ...

Place of death

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

WAS THERE AN AUTOPSY? ...

WHAT TEST CONFIRMED DIAGNOSIS?

Test for serum(Signed) L. F. Cline, M. D.4-26-28 (Address) Sedalia, 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

Marvell, Ark.4/30 1928

20. UNDERTAKER

ADDRESS

J. D. FergusonSedalia

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION in plain terms, so that it may be properly classified. Exact statement of OCCUPATION should state N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

