JUL 26 1928

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

Do not use this space.

1. PLACE OF DEATH
County Newton — Registration District No. 609 — File No. 5 24580
Township — Primary Registration District No. 4363 — Registered No.
City Neosho (No. ..... St. ..... Ward)

2. FULL NAME Leroy Hendershot
(a) Residence. No. Washington Ave St., ... Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ettie West Hendershot

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 15, 1895

7. AGE: Years 32 — Months 11 — Days 20 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Painter
(b) General nature of industry, business, or establishment in which employed (or employer): House Painter
(c) Name of employer: Jack Sloan

9. BIRTHPLACE (CITY OR TOWN): Benton County
(STATE OR COUNTRY): Arkansas

PARENTS
10. NAME OF FATHER: I. M. Hendershot
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Indiana
12. MAIDEN NAME OF MOTHER: Rosie Grant
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Arkansas

14. INFORMANT: I. M. Hendershot
(Address): Neosho Mo.

15. FILED 7-1, 1928 C. E. Maness, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 5 1928

17. I HEREBY CERTIFY That I attended deceased from June 10, 1928, to July 5, 1928, that I last saw him alive on July 5, 1928, and that death occurred, on the date stated above, at 5 45 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Interstitial
nephritis 131
11 B
(duration) yrs. 4 mos. ds.

CONTRIBUTORY (SECONDARY): Influenza
(duration) yrs. mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Laboratory
(Signed) Orval A Sage, M. D
7-5, 1928 (Address) Neosho 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: Gibson Cemetery — DATE OF BURIAL: July 6 1928

20. UNDERTAKER: J. C. Thompson — ADDRESS: Neosho Mo.

2 Pin numbers
in this
section.