

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

Do not use this space.

32869

1. PLACE OF DEATH

County Butler

Registration District No. 89

File No. _____

Township _____

Primary Registration District No. 3007

Registered No. 226

City Poplar Bluff (No. _____)

St. _____ Ward _____

2. FULL NAME

Robert Hendrickson

(a) Residence. No. May Lee Hosp. 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)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 28, 1912

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
16	6	23	

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) _____

(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN; STATE OR COUNTRY) Hendrickson, Mo.

10. NAME OF FATHER Thos. Hendrickson

11. BIRTHPLACE OF FATHER (CITY OR TOWN; STATE OR COUNTRY) Hendrickson, Mo.

12. MAIDEN NAME OF MOTHER not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN; STATE OR COUNTRY) not known

14. INFORMANT H. D. Hendrickson
(Address) Poplar Bluff

15. FILED Dec 22 1928 D. J. Camp

REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-21-1928

17. I HEREBY CERTIFY That I attended deceased from 10-20, 1928, to 10-21, 1928 that I last saw him alive on 10-21, 1928, and that death occurred, on the date stated above, at 8 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Appendicitis Perforated
12/23 (duration) _____ yrs. _____ mos. _____ da.

CONTRIBUTORY (SECONDARY) 13 (duration) _____ yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

1 DID AN OPERATION PRECEDE DEATH? Yes DATE OF 10-20-28

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Phys. Exam

(Signed) J. W. Mother, M. D.

10/22/28 (Address) Poplar Bluff, 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

Oak Hill 10-22 1928

20. UNDERTAKER ADDRESS
Frank Wood Co. Poplar Bluff

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.

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