OV 22 1928

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

Do not use this space.

34456

1. PLACE OF DEATH
County Polk — Registration District No. 701 — File No.
Township Morris — Primary Registration District No. 5930 — Registered No. 61
City Bolivar (No. ..... St. ..... Ward)

2. FULL NAME Jesse Everett Hendrickson
(a) Residence No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)
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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 27 1861

7. AGE 67 YEARS 2 MONTHS 2 DAYS — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer & Merchant
(b) General nature of industry, business, or establishment in which employed (or employer) 212
(c) Name of employer 217

9. BIRTHPLACE (CITY OR TOWN) Near Bolivar
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER David Hendrickson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't Know
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Lydia Gordon
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't Know
(STATE OR COUNTRY)

14. INFORMANT Sarah L. Hendrickson
(Address)

15. FILED Oct 29 1928 J. F. Roberts REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 28 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct Sept 26, 1928, to Oct 28, 1928 that I last saw him alive on Oct 22, 1928, and that death occurred, on the date stated above, at 2 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Fract right femur from fall from wagon
[illegible] (duration) ..... yrs. 1 mos. 2 ds.

CONTRIBUTORY (SECONDARY) Pulmonary Embolia
Heart block (duration) ..... yrs. ..... mos. 10 minutes 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? Clinical only
(Signed) J. F. Roberts, M. D
Oct 29, 1928 (Address) Bolivar 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: Mt Gilliard Cem — DATE OF BURIAL: Oct 30 1928

20. UNDERTAKER: M. S. White — ADDRESS: Bolivar Mo

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.