NOV 22 1928

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

Do not use this space.

34589

1. PLACE OF DEATH
County: St. Francois — Registration District No.: 773 — File No.:
Township: St. Francois — Primary Registration District No.: 6018A — Registered No.: 145
City: Near Farmington (No. ..... St. ..... Ward)

2. FULL NAME: Annie Hendrick
(a) Residence. No. State Hospital # 4 St., ... Ward. Gray Ridge, Mo.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred: yrs. 2 mos. 19 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: J. S. Hendrick

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

7. AGE: Years 64 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): Webster County
(STATE OR COUNTRY): Ky.

PARENTS
10. NAME OF FATHER: John Brockett
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Webster Co
(STATE OR COUNTRY): Ky.
12. MAIDEN NAME OF MOTHER: Emily Crowley
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Webster Co
(STATE OR COUNTRY): Ky.

14. INFORMANT: Hospital Records-
(Address): Farmington, Mo.

15. FILED Oct 13 1928 B. L. Robinson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from July 16, 1928, to Oct 5, 1928 that I last saw h. alive on Oct 5, 1928, and that death occurred, on the date stated above, at 8 35 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho pneumonia
IIH
107A
(duration) ..... yrs. ..... mos. 2 ds.
CONTRIBUTORY (SECONDARY) Influenza
(duration) ..... yrs. ..... mos. 05 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
(Signed) Jas. B. Dubbs, M. D
Oct 5, 1928 (Address) Farmington, 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: Hospital Cemetery — DATE OF BURIAL: 10-10-28

20. UNDERTAKER: Hospital No 4. C. Doubt — ADDRESS: Farmington 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.