

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.

20 1928

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

Do not use this space.

36216

1. PLACE OF DEATH

County Butler
Township Ashhill
City Quincy (No.) St. Ward)

Registration District No. 92
Primary Registration District No. 5134B

File No.
Registered No.

2. FULL NAME

Barney Hendrix

(a) Residence. No. 1 St. Ward.
(Usual place of abode)

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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Do not know

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 25 Est -

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Public Works.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Wayne Co Missouri
(STATE OR COUNTRY)

10. NAME OF FATHER George Hendrix

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Union Co Illinois
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Illinois Union Co
(STATE OR COUNTRY)

14. INFORMANT Bill Stevens
(Address) Quincy Mo.

15. FILED 12/1, 1928. Scott Cook
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 21 1928 7 PM

17. I HEREBY CERTIFY That I attended deceased from Nov 20 1928 to Nov 20 1928 that I last saw him alive on Nov 20 1928, and that death occurred, on the date stated above, at 7 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Malarial Fever
30 (duration) yrs. mos. da. 20

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH?

19. WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) W. J. Pappert M. D. (Address) Poplar Bluffs

*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 Quincy Cemetery DATE OF BURIAL Nov 22 1928

20. UNDERTAKER Frank Wad. Co. Poplar Bluffs

