DEC 26 1928

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

Do not use this space.

36218

File No.

Registered No.

1. PLACE OF DEATH

County: Butler

Township: ash Hill

City: Qulin (No. , St. Ward)

Registration District No. 92

Primary Registration District No. 5134 B

2. FULL NAME: Jewell Hendrix

(a) Residence. No. 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

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): not known.

7. AGE: 3 YEARS; MONTHS; DAYS; If LESS than 1 day, hrs. or min.

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): Qulin
(STATE OR COUNTRY): Mo.

PARENTS

10. NAME OF FATHER: Barney Hendrix

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Ill.

12. MAIDEN NAME OF MOTHER: Gertie Elmore

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Louisiana
(STATE OR COUNTRY): Mo.

14. INFORMANT: J. O. Stevens
(Address): Qulin Mo.

15. FILED 12/1, 1928 Scott Cook
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 11-9 1928

17. I HEREBY CERTIFY That I attended deceased from Nov 2, 1928, to Nov 8 1928 that I last saw him alive on Nov 8, 1928, and that death occurred, on the date stated above, at 5 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Ludwigs angina
1080
(duration) yrs. mos. 8 ds.

CONTRIBUTORY (SECONDARY): Malaria
(duration) yrs. mos. 6 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. N. Barnett, M. D
11/10, 1928 (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: Qulin — DATE OF BURIAL: 11-10 1928

20. UNDERTAKER: Frank Hud C. — ADDRESS: Poplar Bluff 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.