

EC 27 11/23/28

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

Do not use this space.

37243

1. PLACE OF DEATH

County Jasper Registration District No. 407 File No. _____
Township Imperial Primary Registration District No. A 241 Registered No. _____
City Cartersville (No. _____) St. _____ Ward _____

2. FULL NAME

Martha Henderson
(a) Residence No. R.H.D. #1 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 7, 1843
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 85 | — | 16

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) Jennings (STATE OR COUNTRY) Delaware

10. NAME OF FATHER A. Parker

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

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown (STATE OR COUNTRY) _____

14. INFORMANT Dr. C. L. Henderson (Address) Cartersville, Mo. R#1

15. FILED 11-24, 1928 J. H. Brown REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 25, 1928
17. I HEREBY CERTIFY, That I attended deceased from Oct. 20th, 1928, to Nov. 23, 1928, that I last saw her alive on Nov. 23, 1928, and that death occurred, on the date stated above, at 6:00 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza 11 E
16 B
(duration) yrs. 1 mos. da.

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

18. WHERE WAS DISEASE CONTRACTED NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF _____
WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. W. Clark, M. D.
11/23, 1928 (Address) Cartersville, 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 Keokuk, Mo. DATE OF BURIAL Nov. 25, 1928

20. URDERTAKER Knell Mortuary ADDRESS Cartersville

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.

