JAN 28 1929

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

Do not use this space.

File No. 42004

Registered No. 2249

1. PLACE OF DEATH

County Pettis — Registration District No. 668

Township — Primary Registration District No. 3032

City Sedalia (No. ..... St. ..... Ward)

2. FULL NAME Minor Henderson

(a) Residence. No. 1225 W Spring 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: M
4. COLOR OR RACE: Col
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF — Marry E Henderson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 1846

7. AGE: Years 82 | Months 4 | Days dont no | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) Pioletgrove
(STATE OR COUNTRY) Cooper Co Mo

PARENTS
10. NAME OF FATHER: Jessie Henderson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) dont no
(STATE OR COUNTRY) dont no
12. MAIDEN NAME OF MOTHER: dont no
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) dont no
(STATE OR COUNTRY) dont no

14. INFORMANT: Mary E Henderson
(Address) Sedalia

15. FILED 12 29 1928 J. G. Love, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-28 1928

17. I HEREBY CERTIFY, That I attended deceased from 12-27, 1928, to 12-28, 1928 that I last saw him alive on 12-28, 1928, and that death occurred, on the date stated above, at 8 40 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

131 Acute Dilatation of heart

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Interstitial Nephritis

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? —

0 DID AN OPERATION PRECEDE DEATH? No. DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) G. R. Maddox, M. D

, 19 (Address) 116½ W. Main

*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: Sedalia Mo — DATE OF BURIAL: 12/30 1928

20. UNDERTAKER: F W Ferguson — ADDRESS: Sedalia

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.