

20 23 1929

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

Do not use this space.
43672

1. PLACE OF DEATH

County Saline
Township Marshall
City Marshall

Registration District No. 796
Primary Registration District No. 3038

File No. _____
Registered No. 194
St. _____ Ward _____

2. FULL NAME Jesse Henderson

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

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4-20-1907

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 21 8 11

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work none (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Ridgeway (STATE OR COUNTRY) Mo.

10. NAME OF FATHER J. C. Henderson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Harrison Co Mo

12. MAIDEN NAME OF MOTHER Ann Anderson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Harrison Co Mo

14. INFORMANT (Address) Hospital Records
Marshall School

15. FILED 1-4, 29 1929 Mrs. John H. McQuire REGISTRAR

1 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 31 1928

17. I HEREBY CERTIFY, That I attended deceased from 12-12, 1928, to 12-31, 1928 that I last saw her alive on 12-30, 1928, and that death occurred, on the date stated above, at 3:20 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Subsular pneumonia

9:34 (duration) yrs. mos. ds. CONTRIBUTORY (SECONDARY) (duration) yrs. mos. 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) J. K. Pope, M. D.

12-31, 1928 (Address) Marshall 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 Bethany Mo. DATE OF BURIAL Jan 1 1929

20. UNDERTAKER R. W. Campbell ADDRESS Marshall

