APR 23 1929

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

85

Do not use this space.

9581

File No. 283

Registered No.

1. PLACE OF DEATH
County: Buchanan
Township:
City: St Joseph (No. State Hosp #2 St. Ward)
Registration District No. 1001
Primary Registration District No.

2. FULL NAME: Clara Hendricks

(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: Negro
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Richard Hendricks

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 1-8-1887

7. AGE: Years 42 | Months 1 | Days 24 | If LESS than 1 day, hrs. or min.

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): "
(STATE OR COUNTRY): Arkansas

PARENTS

10. NAME OF FATHER: Cal. Ross
11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): Liberia, Africa
12. MAIDEN NAME OF MOTHER: unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): Georgia

14. INFORMANT: Richard Hendricks
(ADDRESS) 1949 E. 14th St., K.C. Mo.

15. FILED 4, 19 John G. Ub
REGISTRAR

1929

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mch 2nd 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 4th 1928, to Mch 2nd 1929, that I last saw h. alive on Mch 2nd 1929, and that death occurred, on the date stated above, at 9:25 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Endocarditis Acute
91A
8 W (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Insanity (duration) 4 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? SSB
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) C. D. Drury, M.D.
3/3/29 State Hosp. #2

*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: Kansas City Mo. | DATE OF BURIAL: Mar 3rd 1929

20. UNDERTAKER: Ramsey Funeral Service | ADDRESS: 7th + Olive

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2
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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should be careful in stating CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.