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

Do not use this space.

23260

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis Mo. (No. 5600 Arsenal St. Ward)

File No. 6735

Registered No. .....

2. FULL NAME Lydia Mae Hendon

(a) Residence. No. 1429 So. 3rd. St., 23 Ward. (If nonresident, give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 9 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	Colored	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 24 - 1926

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	2	9	29	

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) Missouri (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER George Hendon

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

12. MAIDEN NAME OF MOTHER Ruby Ragland

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

14. INFORMANT Mrs. M. Headrick

(Address) Isolation Hospital

15. FILED JUN 25 1929 Ray C. Hartel REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 23rd 1929

17. I HEREBY CERTIFY, That I attended deceased from 6/23, 1929 to 6/23, 1929 that I last saw h. alive on 6/23, 1929 and that death occurred, on the date stated above, at 2 50 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho Pneumonia

Primary

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH 1429 So. 3rd St.

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? yes.

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy Findings

(Signed) Benj. Marguleiro, M. D.

6/23, 1929 (Address) 5600 Arsenal St

*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	DATE OF BURIAL
Washington Park	Jun. 26 1929
20. UNDERTAKER	**ADDRESS**
J H Harrison	2906 Lawton

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.