Found dead in bed
Heart

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

Do not use this space.

34117

1. PLACE OF DEATH
County Jasper — Registration District No. 408 — File No.
Township East Jackson — Primary Registration District No. 5563a — Registered No.
City Carthage (No. ..... St. ..... Ward)

2. FULL NAME Millard Fillmore Henderson
(a) Residence. No. County Home St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 1 yrs. 9 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lydia Ann Henderson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 15 - 1853

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
76	1	29	

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

9. BIRTHPLACE (CITY OR TOWN) Cedar Rapids, Lynn Co.
(STATE OR COUNTRY) Iowa

PARENTS
10. NAME OF FATHER W. P. Henderson
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Tenn.
12. MAIDEN NAME OF MOTHER Lydia Ann Cox
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Indiana

14. INFORMANT Jud Howell
(Address) County Farm

15. FILED 10/15, 1929 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 14 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov 15 - 28, 19..., to Oct 14, 1929, that I last saw him alive on Oct 12, 1929, and that death occurred, on the date stated above, at 6 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Valvular Heart
[illegible]
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) [illegible]
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) [signature], M. D.
, 19 (Address) Carthage 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: County Farm Cemetary — DATE OF BURIAL: 10/15 1929

20. UNDERTAKER: Ulmer - Drake — ADDRESS: Carthage

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.