

Dr. Motley

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

Do not use this space.

37770

1. PLACE OF DEATH

County Mason Registration District No. 547
Township Mason Primary Registration District No. 3979 File No. _____
City Hannibal (No. St. Elizabeth Hospital) Registered No. 2756
St. _____ Ward _____

2. FULL NAME

Georgia Hendrix
(a) Residence. No. 11705 1/2 E. Parkway St. 5 Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Roscoe Hendrix

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 4-1912

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
17 9 1

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Shoe Worker
(b) General nature of industry, business, or establishment in which employed (or employer) " "
(c) Name of employer Int'l Shoe Co.

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

10. NAME OF FATHER William Bowman

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

12. MAIDEN NAME OF MOTHER Agnes Valentine

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

14. INFORMANT Roscoe Hendrix
(Address) Hannibal Mo.

15. FILED 11/6, 1929 Colossius
REGISTRAR

4 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 5 - 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 31 1929, to Nov 5 1929 that I last saw her alive on Nov 5 1929 and that death occurred, on the date stated above, at 9:30: P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
13915
122 B.
127 Pelvic abscess (duration) yrs. mos. 10 ds.
CONTRIBUTORY (SECONDARY) Intestinal obstruction
Peritonitis (duration) yrs. mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

1 DID AN OPERATION PRECEDE DEATH? Y DATE OF Nov 5-29

WAS THERE AN AUTOPSY? NO
WHAT TEST CONFIRMED DIAGNOSIS Clinical & operation
(Signed) S. R. Motley M. D.

Nov 6 1929 (Address) Hannibal 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 Higbee Mo. DATE OF BURIAL Nov. 6 - 1929

20. UNDERTAKER Schwartz Funeral Home ADDRESS Hannibal Mo.

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.

6-1-29

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