

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

Do not use this space.

40556

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 4958
 Township J. Kew Primary Registration District No. Research Hospital Registered No. 4958
 City Kansas City (No. Research Hospital St. Ward)

2. FULL NAME

Edna F Hendrickson
 (a) Residence. No. 5636 Montgall St. 16 Ward.
 (Usual place of abode) Hyattsville (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 Fe **4. COLOR OR RACE** white **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** married

5A. IF MARRIED, WIDOWED, OR DIVORCED
 -HUSBAND OF (OR) WIFE OF A. J. Hendrickson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept-3-1898

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
31 | 2 | 29 | | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
 (b) General nature of industry, business, or establishment in which employed (or employer) Housewife
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Kansas

10. NAME OF FATHER Wm L. White

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

12. MAIDEN NAME OF MOTHER Lydia Van Hart

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

14. INFORMANT A J Hendrickson
 (Address) 5636 Montgall

15. FILED 73 29 M. M. Levine
Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec-2 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov. 30, 1929, to Dec 2, 1929, that I last saw deceased alive on Dec 2, 1929, and that death occurred, on the date stated above, at 7:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

acute Septicæmia
82A - Immune -
1250
 (duration) yrs. 1 mos. ds.
CONTRIBUTORY (SECONDARY) post multiple cerebral haemorrhages
 (duration) yrs. mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH
0 DID AN OPERATION PRECEDE DEATH? no DATE OF
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Chromatograms
 (Signed) Leidley Malone, M. D.

(Address) 1800 East Res. Bldg. Dec 3, 1929

*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 Mt. Moriah **DATE OF BURIAL** Dec 5 1929

20. UNDERTAKER Wm Newcomer Sons **ADDRESS** 15. C. Mo.

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.

RECORD IS A PERMANENT RECORD

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2

1-330

Vic 4238 ✓