

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

Do not use this space.

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1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Raw Primary Registration District No. 103
City Kansas City, Mo. No. 3630 Woodland St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Charles Thomas Henson
(a) Residence. No. 3630 Woodland Ward. 13 (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

5A. IF MARRIED (WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF) Mary Henson

17. I HEREBY CERTIFY, That I attended deceased from Feb 1st 1929 to Dec 5th 1929, and that I last saw him alive on Dec 5th 1929, and that death occurred, on the date stated above, at 9:30 P.M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 1 - 1852

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 10 4

Cardiac Failure of Compensation
12 H.F.
95 P.
M. A. C. (duration) yrs. mos. ds.

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

CONTRIBUTORY (SECONDARY) Hepatic Carcinoma & Hypertension
pneumonia (duration) yrs. mos. ds.

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

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

10. NAME OF FATHER Chas. William Henson

DID AN OPERATION PRECEDE DEATH? No. DATE OF _____
WAS THERE AN AUTOPSY? No.

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

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy findings
(Signed) W. O. Johnson, M.D.

12. MAIDEN NAME OF MOTHER unknown

16. 1929 (Address) Kansas City Mo

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

*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.

14. INFORMANT James Henson
(Address) North W.C. Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Southville Mo DATE OF BURIAL 12/8 1929

15. FILED 12/6 29 M.M. Crowe
REGISTRAR arr

20. UNDERTAKER Morton Co ADDRESS Mo K.C. Mo

K. 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.

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RECORD

