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FEB 19 1929

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

Do not use this space.

41380

1. PLACE OF DEATH
County Marion
Township Mason
City Hannibal
Registration District No. 547
Primary Registration District No. 3079
(No. St Elizabeths Hospital St. Ward)
File No. 3
Registered No. 3

2. FULL NAME Ada Henderson
(a) Residence. No. St., Ward. Stoutsville Mo.
(Usual place of abode) (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 25th 1877

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	52.	4	4	

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

9. BIRTHPLACE (CITY OR TOWN) Monroe Co.
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Madison Able.
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Sarah Gatson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Mo.

14. INFORMANT Mrs. O. F. Woodson.
(Address) Stoutsville Mo

15. FILED Dec 31 1929 C E Cousins REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 29th 1929

17. I HEREBY CERTIFY, That I attended deceased from ~~12-29~~ 11-26-29, 1929, to 12-29, 1929 that I last saw her alive on 12-28, 1929 and that death occurred, on the date stated above, at 3.15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinomatosis
48
T.A.E. (duration) yrs. mos. 20 ds.

CONTRIBUTORY (SECONDARY) Carcinoma of uterus
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? yes DATE OF 11-26-29
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J W Hardesty, M. D.
, 19 (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	DATE OF BURIAL
I.O.O.F. Cemetary Stoutsville Missouri	Dec. 31st 1929
20. UNDERTAKER	ADDRESS
Wilson & Son.	Monroe City 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.