

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

Do not use this space.

1650

1. PLACE OF DEATH

County.....Jaffarson..... Registration District No. 421
Township.....Jonachim..... Primary Registration District No. 5575
City.....Crystal City..... (No., St. Ward)

File No.
Registered No. 5
St. Ward)

2. FULL NAME.....Mary Anna Hendrix.....

(a) Residence. No. St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widow</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Francis Marian Hendrix</u>					
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Feb. 20, 1858</u>					
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. min.	
	<u>71</u>	<u>10</u>	<u>28</u>		
8. OCCUPATION OF DECEASED					
(a) Trade, profession, or particular kind of work..... <u>Housewife</u>					
(b) General nature of industry, business, or establishment in which employed (or employer)..... <u>General Housework</u>					
(c) Name of employer..... <u>Self</u>					

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

PARENTS	10. NAME OF FATHER..... (STATE OR COUNTRY).....	
	<u>Henry Starange</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... (STATE OR COUNTRY).....	
	<u>Scotland</u>	
12. MAIDEN NAME OF MOTHER..... (STATE OR COUNTRY).....		
<u>Susan Fiddle</u>		
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... (STATE OR COUNTRY).....		
<u>Oklahoma</u>		

14. INFORMANT.....Mrs Elizabeth Stacks
(Address).....Crystal City Mo

15. FILED.....1/19/30.....J. E. Phillips
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 18 1930
17. I HEREBY CERTIFY, That I attended deceased from.....
Proves.....19.....1930
that I last saw h..... alive on.....23.....19..... and that death occurred, on the date stated above, at.....2:30.....A...... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
acute edema of the lung
95B
111B (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) dilatation of the heart (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED.....
IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH?.....No..... DATE OF.....
WAS THERE AN AUTOPSY?.....No
WHAT TEST CONFIRMED DIAGNOSIS.....Clinical -
(Signed).....Walter Gibson J...... M. D.
. 19 (Address).....Des Moines, 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..... <u>Darby Mo</u>	DATE OF BURIAL..... <u>Jan 21 1930</u>
20. UNDERTAKER..... <u>Quester & Vanguard</u>	ADDRESS..... <u>Fester Mo</u>

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.

FEB 20 1930

