

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

Do not use this space.

26270

1. PLACE OF DEATH

County Dallas Registration District No. _____
 Township S. Benton Primary Registration District No. 271
 City Buffalo Mo (No. _____) 5334 St. _____ Ward _____

File No. _____
 Registered No. 567

2. FULL NAME William H. Henderson

(a) Residence. No. _____ St. _____ Ward _____
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** Married (write the word)

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 7 - 1930

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harriet D. Henderson

17. I HEREBY CERTIFY That I attended deceased from Aug 7 - 1930 to 8 - 7 - 1930
 that I last saw h. viv. alive on 5-6, 1930, and that death occurred, on the date stated above, at 8:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 16 - 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
70 | 1 | 9 | 21 | _____

Valvular heart lesion + nephritis
 (duration) yrs. mos. ds.

8. OCCUPATION OF DECEASED

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

CONTRIBUTORY (SECONDARY) None
 (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Dallas Mo
 (STATE OR COUNTRY) Missouri

18. WHERE WAS DISEASE CONTRACTED _____

IF NOT AT PLACE OF DEATH _____

DID AN OPERATIVE PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? microscopic

(Signed) V. F. Green, M. D.

, 19 (Address) Buffalo Mo

*State the DISEASE CAUSING DEATH, or in deaths from VALENT 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

Macedonia Aug 9 - 1930

20. UNDERTAKER ADDRESS

J. B. Jones Buffalo Mo

PARENTS

10. NAME OF FATHER Samuel Henderson

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

12. MAIDEN NAME OF MOTHER Francis White

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dallas Mo
 (STATE OR COUNTRY) Missouri

14. INFORMANT Oliver Henderson
 (Address) Buffalo Mo

15. FILED 9/10, 1930. Henry Moore
 REGISTRAR

SEP 24 1930

Exact statement of OCCUPATION is very important. Necessary to state it may be properly classified.

