

OCT 23 1930

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

Do not use this space.

29424

1. PLACE OF DEATH

County Clay Registration District No. 201  
Township Liberty Primary Registration District No. 5280  
City (No. ....) St. .... Ward)

File No. ....  
Registered No. 91

2. FULL NAME

Amanda Henderson

(a) Residence No. J. O. O. F. Home 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

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1-25-1848

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
82 7 14

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) Nelcomb Mo.  
(STATE OR COUNTRY)

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Paul Rogers Supt.  
(Address) Liberty Mo.

15. FILED 9-10, 1930 W. H. Goodson  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-9 1930

17. I HEREBY CERTIFY, That I attended deceased from March 10 1920 to Sept 9 1930  
that I last saw him alive on Sept 9 1930, and that death occurred, on the date stated above, at 10 P. M.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Myocardial Degeneration  
(Chronic myocarditis)  
93c (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 90B (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 90B  
IF NOT AT PLACE OF DEATH .....

19. DID AN OPERATION PRECEDE DEATH? DATE OF .....

WAS THERE AN AUTOPSY? 1  
WHAT TEST CONFIRMED DIAGNOSIS H. Matthews, M. D.  
(Signed)

Liberty Mo (Address)  
\*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 J. O. O. F. Home DATE OF BURIAL 9-10 1930

20. UNDERTAKER Marvin Hessel ADDRESS Liberty 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.

