

OCT 29 1930

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

Do not use this space.

30240

1. PLACE OF DEATH

County Waper
Township Wachan
City Route 3 Carthage

Registration District No. 408
Primary Registration District No. 3563a

File No.
Registered No.
St. Ward)

2. FULL NAME Annon Hendimare

(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 19 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Flourence Hendimare</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>March 6, 1859</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>71</u>	<u>6</u>	<u>17</u>	

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

9. BIRTHPLACE (CITY OR TOWN) Perie
(STATE OR COUNTRY) Iowa

PARENTS	10. NAME OF FATHER <u>Tom Hendimare</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Madison Co.</u> (STATE OR COUNTRY) <u>Indiana</u>
	12. MAIDEN NAME OF MOTHER <u>Martha Johnson</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Ukerson</u> (STATE OR COUNTRY) <u>Indiana</u>

14. INFORMANT Mrs. Florence Hendimare
(Address) Route 3, Carthage, Mo.

15. FILED 9/29 1930 E. D. Hitchcock
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 23 1930

17. I HEREBY CERTIFY, That I attended deceased from 8-27 1930, to 9-22 1930
that I last saw him alive on 9-22 1930, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Bladder
518
131

CONTRIBUTORY Chronic B. Strepitis
(SECONDARY)

18. WHERE WAS DISEASE CONTACTED

IF NOT AT PLACE OF DEATH 35

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Microscopic

(Signed) David H. ... M. D.

, 19 (Address) Carthage, 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 Kullerton Cemetery DATE OF BURIAL Sept. 25 1930

20. UNDERTAKER Kneel Martens ADDRESS Carthage, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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