

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.

DEC 22 1930

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

Do not use this space.

35793

1. PLACE OF DEATH  
 County Franklin Registration District No. 297  
 Township Washington Primary Registration District No. 2116  
 City Washington (No. ....) St. .... Ward)

File No. ....  
 Registered No. 105

2. FULL NAME Charles Washington Henderson  
 (a) Residence. No. Front & Jefferson Sts. St. .... Ward. ....  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 9 yrs. .... mos. .... ds. How long in U.S., if of foreign birth? yrs. .... mos. .... ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED ( <i>write the word</i> ) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF <u>Martha Wells Henderson</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Dec. 6, 1852</u>				
7. AGE	YEARS <u>77</u>	MONTHS <u>11</u>	DAYS <u>10</u>	IF LESS than 1 day, .... hrs. or .... min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Laborer</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Timber business</u> (c) Name of employer				
9. BIRTHPLACE (CITY OR TOWN) <u>Deator, Cole County</u> (STATE OR COUNTRY) <u>Missouri</u>				
PARENTS	10. NAME OF FATHER <u>Andy Henderson</u>			
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Kentucky</u> (STATE OR COUNTRY)			
	12. MAIDEN NAME OF MOTHER <u>Nancy Cotton</u>			
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Kentucky</u> (STATE OR COUNTRY)			
14. INFORMANT <u>William H. Henderson</u> (Address) <u>E. Main St., Washington, Mo.</u>				
15. <u>Nov 19 30</u> <u>O. L. Munn</u> FILED REGISTRAR				

MEDICAL CERTIFICATE OF DEATH	
16. DATE OF DEATH (MONTH, DAY AND YEAR) <u>Nov 16</u> 19 <u>30</u>	
17. I HEREBY CERTIFY, That I attended deceased from <u>Nov 6</u> , 19 <u>30</u> , to <u>Nov 16</u> , 19 <u>30</u> that I last saw him alive on <u>Nov 16</u> , 19 <u>30</u> , and that death occurred, on the date stated above, at <u>4:15 P.</u> m.	
THE CAUSE OF DEATH* WAS AS FOLLOWS: <u>Myocarditis, chronic</u> <u>93C</u>	
(duration) <u>9</u> yrs. .... mos. .... ds.	
CONTRIBUTORY (SECONDARY) <u>MS</u>	(duration) .... yrs. .... mos. .... ds.
18. WHERE WAS DISEASE CONTACTED IF NOT AT PLACE OF BIRTH	
DID AN OPERATION PRECEDE DEATH? <u>No</u> DATE OF .....	
WAS THERE AN AUTOPSY? <u>No</u>	
WHAT TEST CONFIRMED DIAGNOSIS (Signed) <u>Frank G. Mays</u> M. D. , 19 (Address) <u>Washington, Mo</u>	
*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>Presbyterian Cemetery</u> <u>Washington, Mo.</u>	DATE OF BURIAL <u>11/18/ 30</u> 19
20. UNDERTAKER <u>Otto &amp; Co.</u>	ADDRESS <u>Washington, Mo.</u>

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