MAR 25 1931

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

1849

File No. 84

Registered No.

1. PLACE OF DEATH
County: Johnson
Township: Washington
City: Knob Noster (No. ..... St. ..... Ward)
Registration District No. 429
Primary Registration District No. 4255

2. FULL NAME: Martha Ann 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 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June-11-1857

7. AGE: Years 73 | Months 7 | Days | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): 235
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: Ira Babbitt
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): X
12. MAIDEN NAME OF MOTHER: Rachel Nowels
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): X

14. INFORMANT: Ralph Henderson
(Address): Knob Noster Mo

15. FILED 1/12 1931 J A Koch REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 11 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1931, to Jan 11, 1931, that I last saw h. alive on Jan 11, 1931, and that death occurred, on the date stated above, at 5:20 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
108
116 (duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (SECONDARY): asthma
..... (duration) 10 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) J. E. Porter, M. D.
1/2 1931 (Address) Knob Noster 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: City Cem. K. N. Mo — DATE OF BURIAL: Jan-14 1931
20. UNDERTAKER: C. L. Saults — ADDRESS: K. N. Mo

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

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.

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