

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

Do not use this space.

V 4182

File No. \_\_\_\_\_  
Registered No. 1 St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**  
County... Scotland Registration District No. 811  
Township... Landonville Primary Registration District No. 6059  
City... \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Martha Ellen Hendricks  
(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** Female **4. COLOR OR RACE** whit **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** widowed  
**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** John D Hendricks

**6. DATE OF BIRTH** (MONTH, DAY AND YEAR) aug 22 1857

**7. AGE** YEARS | MONTHS | DAYS | If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.  
73 | 3 | 7 |

**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)...  
(c) Name of employer

**9. BIRTHPLACE** (CITY OR TOWN) Scotland Co Mo  
(STATE OR COUNTRY)

**10. NAME OF FATHER** Elys Mattick

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

**12. MAIDEN NAME OF MOTHER** Stuck

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

**14. INFORMANT** Hes. R. Hendricks  
(Address) Russledge Mo

**15. FILED** 1-30-1931 Idella B. Wilson  
REGISTRAR

**16. DATE OF DEATH** (MONTH, DAY AND YEAR) 1/29 1931

**17. I HEREBY CERTIFY**, That I attended deceased from 1/18, 1931, to 1/29, 1931.  
that I last saw h.e.r. alive on 1/29, 1931, and that death occurred, on the date stated above, at 7:30 P.m.

**THE CAUSE OF DEATH\*** WAS AS FOLLOWS:  
Cerebral Hemorrhage  
9:30  
8:15 (duration) yrs. mos. ds.

**CONTRIBUTORY** Myocarditis (acute)  
(SECONDARY) (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED** 93W  
IF NOT AT PLACE OF DEATH: 9

**19. DID AN OPERATION PRECEDE DEATH** no DATE OF \_\_\_\_\_  
**20. WAS THERE AN AUTOPSY** no

**WHAT TEST CONFIRMED DIAGNOSIS** Subjective Objective Symptoms  
(Signed) Eugene S. Delmon M.D.  
, 19 (Address) Russledge Mo.

\*State the DISEASE CAUSING DEATH, or 2 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** Bethel **DATE OF BURIAL** 1/31/1931

**20. UNDERTAKER** Tenney & Bailey **ADDRESS** \_\_\_\_\_

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. FEB 21 1931

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Scottland  
Township Sand Hill  
City (No. ....) St. .... Ward

Registration District No. 811  
Primary Registration District No. 6059

File No. ....  
Registered No. 1

**2. FULL NAME**

Martha Ellen Hendricks

(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**

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

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work ..... (duration) ..... yrs. .... mos. .... ds.  
(b) General nature of industry, business, or establishment in which employed (or employer) .....  
(c) Name of employer

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

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT (Address)

15. FILED 1-30-31 Idella B. Wilson REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 29 19 31

17. I HEREBY CERTIFY That I attended deceased from ..... to ..... 19..... that I last saw h. .... alive on ..... 19....., and that death occurred, on the date stated above, at .....

THE CAUSE OF DEATH WAS AS FOLLOWS:

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, .....

DID AN OPERATION PRECEDE DEATH, ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) ....., M. D.  
, 19 (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 DATE OF BURIAL

20. UNDERTAKER ADDRESS

Kennoyer & Bailey Rutledge

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. RARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

S-4182