

MAR 26 1931

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

Do not use this space.
6535

1. PLACE OF DEATH

79 County Perry
2 Township Central
City Perryville

Registration District No. 660
Primary Registration District No. 4396

File No. 4
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Francis Leland 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 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11-14-1929
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 1 2 20
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

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

10. NAME OF FATHER Jesse Henderson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Silcox Lake (STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Medred Hudson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Perryville (STATE OR COUNTRY) Mo.

14. INFORMANT Jesse Henderson (Address) Perryville, Mo.
15. FILED 74 31 Paul J. Hecker REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-3-1931

17. I HEREBY CERTIFY, That I attended deceased from 1-25-1931, to 2-3-1931, and that I last saw him alive on 2-3-1931, and that death occurred, on the date stated above, at 7:40 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1190 Peritonitis
17.9 (duration) yrs. mos. ds. 8
CONTRIBUTORY (SECONDARY) Gastroenteritis
(duration) yrs. mos. ds. 14

18. WHERE WAS DISEASE CONTRACTED
NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? General symptoms
(Signed) E. A. Neident, M. D.
, 19 (Address) Perryville, 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 Cedar Brook Cem. DATE OF BURIAL 2-4-1931

20. UNDERTAKER Zachres & Young ADDRESS Perryville, Mo.

K. 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.

