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

Do not use this space.

9097

APR 21

1. PLACE OF DEATH

17 County Carroll — Registration District No. 139 — File No.

Township Hill — Primary Registration District No. 5200 — Registered No. 3

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Helen Hendrickson

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	white	Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 7 - 1931

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, 2 hrs. or ..... min.

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

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

PARENTS

10. NAME OF FATHER Harold Hendrickson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dawn
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Maude Bradley
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dawn
(STATE OR COUNTRY) Mo.

14. INFORMANT Harold Hendrickson
(Address) Dawn Mo. R.F.D. #4

15. FILED 3/8 1931 O.R. Edmonds REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 7 1931

17. I HEREBY CERTIFY, That I attended deceased from Mar 7, 1931, to Mar. 7, 1931 that I last saw her alive on Mar 7, 1931, and that death occurred, on the date stated above, at 6 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature Birth
159 (duration) ..... yrs. ..... mos. ..... ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? Physical findings
(Signed) J. M. Wooden, M. D.
3/7, 1931 (Address) Bogard, 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	DATE OF BURIAL
Burner Cemetery	3-8 1931
20. UNDERTAKER	ADDRESS
family	

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.