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

Do not use this space.

17028

File No. .....

Registered No. .....

1. PLACE OF DEATH

County: Andrain Registration District No.: 23

Township: Centre Primary Registration District No.: 4017

City: Benton City (No. ....., ... St. ..... Ward)

2. FULL NAME: George W. Hendrix

(a) Residence. No. ..... St., ... Ward. Benton City Mo (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.

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.

MAY 12 1931

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov. 25 1861

7. AGE: Years 69 | Months 5 | Days 7 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Farmer

(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): Fulton, Mo.

PARENTS

10. NAME OF FATHER: Geo. Hendrix

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Fulton, Mo.

12. MAIDEN NAME OF MOTHER: S. Williamson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Fulton, Mo.

14. INFORMANT: A. M. Hendrix

(Address): Bachelor, Mo.

15. FILED May 2 1931 J. F. Johnson, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 2nd 1931

17. I HEREBY CERTIFY, That I attended deceased from May 1st, 1931, to May 1st, 1931, that I last saw him alive on May 1st, 1931, and that death occurred, on the date stated above, at 4 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (SECONDARY): Senility

(duration) ..... 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? .....

(Signed) R. S. Williams, M. D.

, 19 (Address) Mexico 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: Benton City Mo.

DATE OF BURIAL: 19

20. UNDERTAKER: F. W. Kuhne

ADDRESS: Wellsville, Mo.