

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

Do not use this space.

20994

**1. PLACE OF DEATH**

City Dallas Registration District No. \_\_\_\_\_  
 Township S. Benton Primary Registration District No. 241  
 City Buffalo (No. 7147) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chas. Hendricks  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 26, 1858  
 7. AGE YEARS 72 MONTHS 11 DAYS 13 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canton Mo.  
 13. NAME Thomas B. Holt  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown  
 15. MAIDEN NAME Martha Johnson  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Maey Hendricks (ADDRESS) Buffalo Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Macodonia DATE June 9, 1931  
 19. UNDERTAKER (ADDRESS) L. B. Johnson  
 20. FILED 6/10 1931 Harvey Morrow Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9, 1931  
 22. I HEREBY CERTIFY That I attended deceased from May 11, 1931, to June 8, 1931, 1931.  
 I last saw him alive on June 8, 1931. Death is said to have occurred on the date stated above, at 2 a.m.  
 The principal cause of death and related causes of importance were as follows:

ball stone of the liver & always a pain of stomach  
 Other contributory causes of importance: 117A  
117W 126  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) B. F. Johnson, M. D.  
 (Address) Buffalo 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.

JUN 25 1931

MARGIN RESERVED FOR BINDING.

V. O. NO. 2.

