

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

21761

1. PLACE OF DEATH  
 County Jackson Registration District No. 399  
 Township Shaw Primary Registration District No. 1002  
 City Kansas City (No. 1740) Precinct 1002  
 2. FULL NAME Viola Henderson  
 (a) Residence. No. 1740 Precinct 1002 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.

File No. \_\_\_\_\_  
 Registered No. 2902  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Fe. 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 16 1887  
 7. AGE YEARS 43 MONTHS 8 DAYS 13 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work At Home  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_  
 9. BIRTHPLACE (CITY OR TOWN) Clinton (STATE OR COUNTRY) Mo  
 10. NAME OF FATHER Thomas Taylor  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) unknown (STATE OR COUNTRY) \_\_\_\_\_  
 12. MAIDEN NAME OF MOTHER Rosa Lee  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown (STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT Fritz Henderson (Address) 1740 Precinct  
 15. FILED July 21 M. M. Crowe REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-29 1931  
 17. I HEREBY CERTIFY, That I attended deceased from June 24 1931 to June 29 1931 that I last saw her alive on June 29 1931 and that death occurred, on the date stated above, at 2:15 p.m.  
 THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Myocarditis  
chronic  
1180 (duration) yrs. 2 mos. 0 ds.  
 CONTRIBUTORY (SECONDARY) fish exhaustion  
acute gastritis (duration) yrs. 4 mos. 4 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 clinical  
 (Signed) Thos. J. Crowe M. D.  
7/1 1931 (Address) 1612 E 12 St  
 \*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 Highland DATE OF BURIAL 7/21 1931  
 20. UNDERTAKER Natkins T. Crowe ADDRESS 1729 Lydia

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.

REPRODUCED BY PERMISSION OF THE MISSOURI STATE BOARD OF HEALTH

S. NO. 2.

J. A. Jones.