

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

Do not use this space.

21828

1. PLACE OF DEATH

County Jasper
Township Western
City Jasper

Registration District No. 410
Primary Registration District No. 4243

File No. _____
Registered No. 25-
St. _____ Ward _____

2. FULL NAME

Lizzie Jane Henderson
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 75 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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Tom Henderson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 3 1855</u>		
7. AGE YEARS <u>75-</u>	MONTHS <u>8</u>	DAYS <u>27</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeping</u>	11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>244</u>	
10. Date deceased last worked at this occupation (month and year)	

MOTHER FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	1
13. NAME <u>Chris Roberts</u>	
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	5
15. MAIDEN NAME <u>Mary M. Mahan</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	1
17. INFORMANT <u>R. L. Roberts</u> (ADDRESS) <u>Jasper Mo</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mason Cem.</u> DATE <u>July 1 1931</u>	
19. UNDERTAKER <u>Trusty Chris</u> (ADDRESS) <u>Jasper Mo</u>	
20. FILED <u>711</u> 19 <u>31</u> <u>A. D. Holmes</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/20 1931 4/30-

22. I HEREBY CERTIFY, That I attended deceased from 3-1- 1931 to 6/30 1931

I last saw her alive on 6/24 1931. Death is said to have occurred on the date stated above, at 1 am.

The principal cause of death and related causes of importance were as follows:

Probably -
Carcinoma Stomach

Other contributory causes of importance:

46B 46B

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

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) V. H. Hendricks, M. D.
(Address) Jasper 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.

JUL 25 1931

