

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.

DEC 28 1931

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

Do not use this space.

38065

**1. PLACE OF DEATH**

County Jefferson  
Township Delata  
City Delata (No. ...., St. .... Ward)

Registration District No. 420  
Primary Registration District No. 3022

File No. ....  
Registered No. 920

**2. FULL NAME**

William H. Hendrickson

(a) Residence, No. Main - Baxter St. .... Ward. ....  
(Usual place of abode)  
Length of residence in city or town where death occurred all of life 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>male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Emma Hendrickson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 6 - 1865</u>		
7. AGE <u>66</u>	YEARS <u>3</u>	MONTHS <u>20</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Contractor</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>one month</u>
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) <u>Jefferson Co. Mo</u>		
13. NAME <u>William Hendrickson Sr</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>not known</u>		
15. MAIDEN NAME <u>Sophia Ogles</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Delata</u>		
17. INFORMANT <u>Emma Hendrickson</u> (ADDRESS) <u>Delata Mo</u>		
18. BURIAL, CREMATION OR REMOVAL PLACE <u>Delata</u> DATE <u>11-9-31</u>		
19. UNDERTAKER <u>RICHARDSON - MOTHERSHEAD</u> (ADDRESS) <u>Delata Mo</u>		
20. FILED <u>1128</u> 19 <u>31</u> <u>B. L. Rausley</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-26 1931

22. I HEREBY CERTIFY, That I attended deceased from Coroner's Investigation 1931

I last saw h. .... alive on ....., 19.... Death is said to have occurred on the date stated above, at 7:20 a.m.

The principal cause of death and related causes of importance were as follows:  
Coroner's Investigation showed death to be due to thrombosis of coronary artery  
Other contributory causes of importance:  
vegetative endocarditis

Name of operation None Date of .....

What test confirmed diagnosis? .....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? .....

Where did injury occur? .....

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? NO

If so, specify .....

(Signed) Walter Gibson Jr., M. D.  
(Address) Delata, Mo.

