

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

Do not use this space.

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1. PLACE OF DEATH

County Callaway Registration District No. 102
 Township Jackson Primary Registration District No. 4062
 City Auxvasse (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 284

2. FULL NAME

Lida D. Henderson
 (a) Residence, No. _____ 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR, OR RACE <u>White</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>James S. Henderson</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>11</u>				
7. AGE	YEARS <u>82</u>	MONTHS <u>2</u>	DAYS <u>24</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>Housekeeper</u>			
	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) <u>Callaway Co., Mo.</u>				
FATHER	13. NAME <u>Dr. Franklin E. Dillard</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>			
MOTHER	15. MAIDEN NAME <u>Ann Bernhard</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>			
17. INFORMANT (ADDRESS) <u>John Henderson</u> <u>Auxvasse, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Old Auxvasse</u> DATE <u>Dec. 12, '31</u>				
19. UNDERTAKER (ADDRESS) <u>Hughes Maupin</u> <u>Auxvasse, Mo.</u>				
20. FILED <u>17 81</u> 19 <u>31</u> <u>H. G. Thomas</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 18, 1931, to Dec 11, 1931
 I last saw her alive on Dec 10, 1931. Death is said to have occurred on the date stated above, at 5:30 A. M.
 The principal cause of death and related causes of importance were as follows:
Myocarditis
Malnutrition
 Date of onset _____

Other contributory causes of importance:
?

Name of operation _____ Date of _____
 What test confirmed diagnosis? Auscultation 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? No
 If so, specify _____
 (Signed) H. P. Hill, M. D.
 (Address) Auxvasse Mo.

JAN 19 1934

FILE WITH US
 N.B.—Every item of information should be carefully supplied. Accuracy of state-
 CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of cause of death is very important.

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Callaway
Township _____
City Quyvasse (No. _____)

Registration District No. 102
Primary Registration District No. 4062

File No. _____
Registered No. 284 (Ward) _____

2. FULL NAME

(a) Residence, No. _____ 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. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9/17/1849

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>82</u>	<u>2</u>	<u>24</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) _____

FATHER 13. NAME _____

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME _____

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19

19. UNDERTAKER (ADDRESS) _____

20. FILED 12/21 31 H. James Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the _____ stated above, at _____ m.

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

Date of onset

Other contributory causes of importances: _____

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) _____, M. D.
(Address) _____

SUPPLEMENTARY

WRITE IN INK ONLY WITH STAMPING INK---THIS IS A PERMANENT RECORD

Every item of information should be carefully supplied. It should be stated EXPLICITLY if the cause of death is very important. Exact statement of OCCURRENCE is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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