

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

Do not use this space.

722

**1. PLACE OF DEATH**

County Green Registration District No. 317  
 Township North Springfield Primary Registration District No. 3441  
 City Springfield (No. 27) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 925 N. Robinson 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>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>Maudie Hendrix</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 26 - 1887</u>		
7. AGE	YEARS <u>44</u>	MONTHS <u>8</u>
	DAYS <u>6</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>Sheriff of County Mo.</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>1814</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Jan 2 - 1932</u>	11. Total time (years) spent in this occupation <u>3 yr</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>		
FATHER	13. NAME <u>Sam Hendrix</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Roselle West</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
17. INFORMANT (ADDRESS) <u>Maudie Hendrix, Springfield, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL (PLACE) (DATE) <u>Westview Cemetery, Springfield, Mo. Jan 5, 1932</u>		
19. UNDERTAKER (ADDRESS) <u>J. W. Huggett &amp; Co., Springfield, Mo.</u>		
20. FILED <u>1-5-32</u> <u>W. W. Shove</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_.

I last saw him alive on Jan 3, 1932. Death is said to have occurred on the date stated above, at 4 P. m.

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

Shot gun wound of chest.  
In line of duty.  
No physician in attendance.

Other contributory causes of importance:  
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Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Homicide. Date of injury Jan 2, 1932.  
 Where did injury occur? W. W. S. Co. of Springfield, Mo.  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
Young man's  
 Manner of injury Shot with shot gun  
 Nature of injury Wound of chest with shrapnel

24. Was disease or injury in any way related to occupation of deceased? Yes  
 If so, specify while on duty

(Signed) Wm. C. Stone, Coroner, M. D.  
 (Address) Springfield, Mo.

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.

WRITE FULLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

FEB 24 1932

