...RITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

...y item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state ...SE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 25 1934

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

Do not use this space.

7464

1. PLACE OF DEATH
County Buchanan — Registration District No. 85
Township — Primary Registration District No. 1001 — File No.
City St. Joseph (No. 222 W. Indiana St. Ward) — Registered No. 263

2. FULL NAME Elizebeth Ann Hendra
(a) Residence, No. 222 W. Indiana St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. T. Hendra

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 15, 1861

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
70	11	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Cornwall England

FATHER
13. NAME William Jose
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown England

MOTHER
15. MAIDEN NAME Jane Cox
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown England

17. INFORMANT J. T. Henrda
(ADDRESS) 222 W. Indiana

18. BURIAL, CREMATION, OR REMOVAL
PLACE I.O.O.F. Cem. DATE March 19, 1932

19. UNDERTAKER Fred D. Clark
(ADDRESS) 5025 King Hill Av.

20. FILED MAR 19 1932 John R. Bender Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 15, 1932, to Mar 16, 1932
I last saw her alive on Mar 16, 1932. Death is said to have occurred on the date stated above, at 8 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Mar 11
131	
95 B	
89 A	

Other contributory causes of importance:
Arterio-sclerosis
Heart disease
Chronic nephritis

Name of operation None Date of
What test confirmed diagnosis? Clinical 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) John J. Byrne, M. D.
(Address) St Joseph Mo