

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

Do not use this space.

8862

**1. PLACE OF DEATH**

49 County Jasper  
5 Township  
1 City Carthage - M & Cune - Brooks Hospital (Ward)

Registration District No. 408

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

Primary Registration District No. 3020

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

**2. FULL NAME**

Evelyn Luella 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**

F

**4. COLOR OR RACE**

W

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

single

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

✓

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

Nov 13 1929

**7. AGE**

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>2</u>	<u>4</u>	<u>1</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

(c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN; (STATE OR COUNTRY)**

Jasper Co Mo

**10. NAME OF FATHER**

Frank Henderson

**11. BIRTHPLACE OF FATHER (CITY OR TOWN; (STATE OR COUNTRY)**

Mo

**12. MAIDEN NAME OF MOTHER**

Martha York

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN; (STATE OR COUNTRY)**

Mo 2

**14.**

INFORMANT Frank Henderson  
(Address) Jasper Mo

**15.**

FILED 3/16 1932 Ed Ketchum  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

2

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

Mar 14 1932

17. I HEREBY CERTIFY, That I attended deceased from Mar 7 1932 to Mar 14 1932 that I last saw him alive on Mar 13 1932 and that death occurred, on the date stated above, at 130 a. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

acute broncho pneumonia

10 1/4 (duration) yrs. mos. 7 ds.

**CONTRIBUTORY (SECONDARY)**

Pertussis

(duration) yrs. mos. 1 1/2 ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH. ✓

**19. DID AN OPERATION PRECEDE DEATH. DATE OF**

no DATE OF 0

**20. WAS THERE AN AUTOPSY?**

no

**WHAT TEST CONFIRMED DIAGNOSIS?**

Gen physical  
H. A. LaFare, M. D.

(Signed) Mar 13 1932 (Address) Carthage MO

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

**DATE OF BURIAL**

Waters Cem

Mar 15 1932

**20. UNDERTAKER**

**ADDRESS**

Teeter Bros Jasper

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.

APR 27 1932

PARENTS

200  
100  
50  
25