

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

Do not use this space.

12322

1. PLACE OF DEATH

10 County Franklin
4 Township Franklin
7 City Neuston (No. _____)

Registration District No. 330
Primary Registration District No. 3017

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Ida Hendrickson

(a) Residence, No. 452W14th 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Hendrickson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 24, 1864

7. AGE YEARS 67 MONTHS 10 DAYS — IF LESS than 1 day, _____ hrs. or _____ min.

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. 235

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) Illinois 2

13. NAME Jacob Mueller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

15. MAIDEN NAME Francis Bregel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) John Hendrickson

18. BURIAL, CREMATION, OR REMOVAL PLACE Honey Creek Church DATE Apr 28, 1932

19. UNDERTAKER (ADDRESS) L. J. Fawcett
Neuston Mo

20. FILED Apr 28, 1932 E. G. Duffy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr, 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from 1901, 19____, to April 26, 1932
I last saw her alive on April 26, 1932 Death is said to have occurred on the date stated above, at 10 A.M.
The principal cause of death and related causes of importance were as follows:

Valvular Heart disease Date of onset _____
92A
J. J. W.
Other contributory causes of importance: _____
(D)

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) Jenna E. Sheek, M. D.
(Address) Neuston Mo.

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.

APR 28 1932

Carl Evans.
Homer Gibson
Buel Hopper
Clarence Northrop
Ernest. Evans
Roll Evans

Dr. Todd.

Wm. :

Dr. Beetz.