

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 24 1934

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

Do not use this space.

Bishop
17085

1. PLACE OF DEATH
804 County Pettis Registration District No. 665
Township S Primary Registration District No. 3032
8 City Sedalia (No. 2200, E. Burdy)
St. _____ Ward _____

2. FULL NAME Dwight Bishop Henrick
(a) Residence, No. 1002 1/2 Monroe 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.

File No. _____
Registered No. 119
St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 22 1923
7. AGE YEARS 8 MONTHS 5 DAYS 11 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. AT School
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) Sedalia (STATE OR COUNTRY) MO

13. NAME Arthur Henrick
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

15. MAIDEN NAME Myrtle Bishop
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

17. INFORMANT Arthur Henrick (ADDRESS) Sedalia MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Mem. Park DATE 5/5 1932

19. UNDERTAKER Tellezzeri Funeral Home (ADDRESS) Sedalia MO

20. FILED 5-4 1932 J. J. LOVE Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3 1932
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

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

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

Fracture of skull & other injuries sustained in automobile accident
2:10 P. M. 2-0-0

Other contributory causes of importance: _____

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? Accident Date of injury _____ 19____
Where did injury occur? On Highway Sedalia (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. On Highway in Sedalia, MO
Manner of injury Wheel of Car passed over body
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) J. J. Bishop Coroner, M. D.
(Address) Sedalia MO

