WHITE 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.

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

Do not use this space.

18820

1. PLACE OF DEATH

12 County Butler — Registration District No. 89 — File No.

2 Township Poplar Bluff — Primary Registration District No. 3007 — Registered No. 102

7 City Poplar Bluff (No. ..... St. ..... Ward)

2. FULL NAME Joseph Hendon

(a) Residence, No. Mississippi St., ... Ward. Oakland Miss. (If nonresident, give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

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: Willie Hendon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 8, 1892

7. AGE: YEARS 40 — MONTHS 3 — DAYS 2 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: log hauling

10. Date deceased last worked at this occupation (month and year): June 10, 1932

11. Total time (years) spent in this occupation: 1 mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Chickasaw Co. Miss.

FATHER

13. NAME: John Hendon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Miss.

MOTHER

15. MAIDEN NAME: Sarah Linley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Miss.

17. INFORMANT (ADDRESS): Manual Hendon, Maysell Miss. Route #2

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Webb cemetery DATE: June 15, 1932

19. UNDERTAKER (ADDRESS): Greer Undertaking Co. Poplar Bluff, Mo.

20. FILED: June 17 1932 B J Clinton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from 6/10/32 1:40 P.M. 19..., to 6/10/32 8:30 P.M. 19..

I last saw him alive on June 10, 1932. Death is said to have occurred on the date stated above, at 8:30 P.M.

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

Internal injuries result of being run over by automobile at Williamsville Mo. June 10, 1932. 2:10 PM

Date of onset: 200

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 6/10, 1932

Where did injury occur? Williamsville, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. While hauling logs in woods.

Manner of injury Run over by truck.

Nature of injury Internal injuries

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Truck driver

(Signed) W. L. Brandon, M. D.

(Address) Poplar Bluff, Mo.