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.

JUL 22 1932

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

Do not use this space.

19087

1. PLACE OF DEATH

27 County Cooper. Registration District No. 225 File No.

Township Saline Primary Registration District No. 5306 Registered No. 6

City (No. , St. Ward)

2. FULL NAME Mrs. Agusta Kendrick.

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 5" 1897

7. AGE: YEARS 34 | MONTHS 9 | DAYS 10 | If LESS than 1 day, hrs. or min.

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. 255
10. Date deceased last worked at this occupation (month and year) June 15" 1932
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Co. Missouri. 1

FATHER

13. NAME Wm. Heckerman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany. 16

MOTHER

15. MAIDEN NAME Maria Stokes.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown. 31

17. INFORMANT (ADDRESS) A. Kendrick. Wooldridge Mo.

18. BURIAL, CREMATION, OR REMOVAL Cooper Co. Mo.
PLACE Pleasant Grove DATE June 17 1932

19. UNDERTAKER (ADDRESS) Goodman & Boller. Boonville Mo.

20. FILED June 17 1932 W E Hooper Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15" 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 1:30 P.m.

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

Electrical Shock (Struck by lightning) 192 193 1920 (5)

Date of onset 204

Other contributory causes of importance:

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 accident Date of injury 6-15-1932
Where did injury occur? near Wooldridge Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Lightning Struck her
Nature of injury Electrical Shock

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) T C Beckett (coroner), M. D.
(Address) Boonville, Mo