

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 27 1932

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

Do not use this space.

21802

1. PLACE OF DEATH

114 County Wright Registration District No. 907  
2 Township Redbank Twp Primary Registration District No. 4548  
6 City Manfield (No. 18) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 18  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Betty Lou 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 1 yrs. 4 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29 - 1930

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
1 9 21

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

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) (STATE OR COUNTRY) St. Louis, Mo.

13. NAME William Henderson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ozark Co. Missouri

15. MAIDEN NAME Norman Lord

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Douglas Co. Missouri

17. INFORMANT William Henderson (ADDRESS) Manfield Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Manfield Cem DATE June 21, 1932

19. UNDERTAKER P. C. Sliff (ADDRESS) Manfield Mo.

20. FILED June 21, 1932 J. A. Furor Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20, 1932

22. I HEREBY CERTIFY That I attended deceased from June 19, 1932 to June 20, 1932

I last saw her alive on June 20, 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:

Cholera Infantum

Date of onset June 18

Other contributory causes of importance: (3)

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?  
If so, specify \_\_\_\_\_

(Signed) W. J. Zimmerman M.D.  
(Address) Manfield Mo.

