

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

Do not use this space.

22161

1. PLACE OF DEATH

16 County Cape Girardeau
Township Byrd
City near Jackson (No., St. Ward)

Registration District No. 124
Primary Registration District No. 5179

File No.
Registered No. 46

2. FULL NAME

John Cannon 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 2 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Son Mrs Mrs Henderson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 26, 1910

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
21 11 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. F.F.W.E. Dairy Farm
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1
10. Date deceased last worked at this occupation (month and year) 7-28-32 11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Jackson Mo.

13. NAME M. S. Henderson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near New Wells Mo.

15. MAIDEN NAME Hunter Cannon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Jackson Mo.

17. INFORMANT (ADDRESS) M. S. Henderson Jackson Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Jackson Mo. DATE 7-30, 1932

19. UNDERTAKER (ADDRESS) C. Craft - Miller Jackson Mo.

20. FILED 7-29, 1932 D. G. Huber
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29, 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:

Natural Causes - Immediate and direct cause not known. Was found dead. Was apparently slightly unwell at bed. Other contributory causes of importance: Was subject to epileptic fits.

Date of onset

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? 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 Sherman Knapp, Coroner
(Signed) Jackson, Mo.
(Address)

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.

AUG 22 1932

