

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

Do not use this space.

25606

File No.
Registered No.
St. Ward

1. PLACE OF DEATH
16 County Cape Girardeau Registration District No. 130
Township Welch Primary Registration District No. 2175
City (No.) St. Ward

2. FULL NAME Tanner Hendrickson
(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 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

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
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2/12/32
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
— 5 24

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Mo
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Lesley Hendrickson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Annis Killeen
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo
(STATE OR COUNTRY)

14. INFORMANT Pearl Hendrickson
(Address) Rayles Mo

15. FILED 8-7-32 J.M. Slagle REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8/6 1932
17. I HEREBY CERTIFY, That I attended deceased from 8/1 1932, to 8/6 1932
that I last saw him alive on 8/1 1932, and that death occurred, on the date stated above, at 5-p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Enterocolitis
1190 / 119 (duration) — yrs. — mos. 8 da.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH no DATE OF
WAS THERE AN AUTOPSY? no 1

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) J.A. Chan, M.D.
, 19 (Address) Cran Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Farmers Cemetery 8/7 1932

20. UNDERTAKER ADDRESS
Stubbs Chaffin Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION should be stated EXACTLY. PHYSICIANS should state 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 should be stated EXACTLY. PHYSICIANS should state

SEP 24 1932

