

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

Do not use this space.

26235

**1. PLACE OF DEATH**

County.....Jackson..... Registration District No.....  
Township Kaw..... Primary Registration District No.....  
City.....Kansas City..... (No. Research Hospital..... St. .... Ward)

File No.....  
Registered No. 3143  
St. .... Ward)

**2. FULL NAME** JAMES KING HENDERSON

(a) Residence, No. Bainbridge Hotel St., 6 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Laura Isabel Henderson</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>July 7th 1862</b>		
7. AGE	YEARS	MONTHS
	<b>70</b>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Accountant</b>		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) <b>Pittsburgh Pennsylvania</b>		
13. NAME <b>George Henderson</b>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Pittsburgh Pennsylvania</b>		
15. MAIDEN NAME <b>Olivia Herxthal</b>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Baltimore Ohio</b>		
17. INFORMANT <u>Mrs. Laura Isabel Henderson</u> (ADDRESS) <u>283 West 57th St. Terrace</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Forest Hill</u> DATE <u>Aug 16</u> , 19 <u>32</u>		
19. UNDERTAKER <u>Stine + Mc Cleary</u> (ADDRESS) <u>3235 Williams Street</u>		
20. FILED <u>Aug 17</u> , 19 <u>32</u> M. M. Crowe <u>Asst. Registrar.</u>		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 14, 1932

I HEREBY CERTIFY, That I attended deceased from March, 1928, to Aug 14, 1932

I last saw him alive on Aug 14, 1932. Death is said to have occurred on the date stated above, at 11:55 a.m.

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

Carcinoma Splenic Flexure of Colon Date of onset Apr 19 28  
46 @ 10

Other contributory causes of importance:

Right Lower Lobar Pneumonia  
Generalized Carcinomatous Subphrenic Abscess  
Name of operation Intestinal Anastomosis Date of May 31  
What test confirmed diagnosis? Culturing Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury Apr 32

Where did injury occur? None (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? No  
If so, specify  
(Signed) John G. Lapp M. D.  
(Address) 1314 Professional Bldg

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.

