

OCT 30 1932

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

Do not use this space.

31113

1. PLACE OF DEATH

County Saline
Township Marshall
City Marshall (No.)

Registration District No. 796
Primary Registration District No. 3038

File No.
Registered No.
St. Ward

2. FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Flora Henderson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67

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

13. NAME Lue Henderson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Ummie Chesser

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

17. INFORMANT (ADDRESS) Earl Henderson

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview Cem DATE Sept 18, 1932

19. UNDERTAKER (ADDRESS) Ferguson Williams

20. FILED 9-23 1932 A. C. Putnam Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 16th 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1st 1932, to Sept 16th 1932
I last saw him alive on Sept 15 1932 Death is said to have occurred on the date stated above, at 4 A. m.
The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis
131
93A
131
Other contributory causes of importance: Valvular Heart Disease

Name of operation none Date of
What test confirmed diagnosis? Physical 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? No
If so, specify

(Signed) W. T. Madison, M. D.
(Address) Marshall Mo.

