

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

Do not use this space.

**1. PLACE OF DEATH**

14 County Callaway Registration District No. 102 File No. 31588  
Township Jackson Primary Registration District No. 3100 Registered No. 301  
City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

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

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE Negro 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) Oct. 27, 1916

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>16</u>	<u>0</u>	<u>1</u>	

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoos Girl  
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) Auxvase, Mo.

FATHER  
13. NAME Cont Henderson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Auxvase, Mo.

MOTHER  
15. MAIDEN NAME Minnie Bennett

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

17. INFORMANT (ADDRESS) Cont Henderson, Auxvase, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Hill DATE Oct. 30, 1932

19. UNDERTAKER (ADDRESS) Geo. Y. Manbin, Auxvase, Mo.

20. FILED 10/31, 1932 H. G. Thomas Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 3rd, 1932, to Oct 29th, 1932

I last saw him alive on Oct 29th, 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:

Scarlatina maligna Date of onset 10/23/32

Other contributory causes of importance:

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? none 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 L  
Nature of injury L

24. Was disease or injury in any way related to occupation of deceased? yes  
If so, specify \_\_\_\_\_

(Signed) F. H. Emmons, M. D.  
(Address) Auxvase, Mo.

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.

NOV 2 1932

