

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

Do not use this space.

34484-a

34484 a

1. PLACE OF DEATH
 County Stoddard Registration District No. 838
 Township Liberty Primary Registration District No. 6098B
 City Berme (No. _____) St. _____ Ward _____
 2. FULL NAME Velma Hendley
 (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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF X
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 24 1932
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
5 25
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. X
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X
 10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation.
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stoddard co 1
 13. NAME Nathan Hendley
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Good co K'g 2
 15. MAIDEN NAME Ollie Rolland
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dunklin co mo 1
 17. INFORMANT Ezra Hendley
 (ADDRESS) Berme mo
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Berme mo DATE Oct 21 1932
 19. UNDERTAKER M. Hopkins
 (ADDRESS) Berme mo
 20. FILED 1/6- 1933 F. La Rue
 Registrar.

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 20 32
 22. I HEREBY CERTIFY, That I attended deceased from Oct 16 1932 to Oct 20 32
 I last saw h. X alive on Oct 17 32 Death is said to have occurred on the date stated above, at 10:00 a.m.
 The principal cause of death and related causes of importance were as follows:
Pneumonia
107A Pneumonia
 Other contributory causes of importance: 107A
 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 no
 (Signed) Ezra Hendley M. D.
 (Address) Berme mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

