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.

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

Do not use this space.

41086

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2

1. PLACE OF DEATH
County Pike
Township Louisiana
City Bowling Green (No. ..... St. ..... Ward)

Registration District No. 684
Primary Registration District No. 4408

File No. .....
Registered No. 50

2. FULL NAME Curtis Hendricks

(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: male
4. COLOR OR RACE: colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): X

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: X

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 14 - 1932

7. AGE: YEARS X; MONTHS 3; DAYS 4; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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. .....
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): Bowling Green, MO.

FATHER
13. NAME: Howard Hendricks
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia 2

MOTHER
15. MAIDEN NAME: Nannie McPike
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bowling Green MO 1

17. INFORMANT (ADDRESS): Nannie Hendricks, Bowling Green MO

18. BURIAL, CREMATION, OR REMOVAL: Bowling Green Cemetery DATE 12-19-1932

19. UNDERTAKER (ADDRESS): Grace Bankhead, Bowling Green, MO

20. FILED 1/10-, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12/18/32, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 9 a. m.

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

Bronchial Pneumonia — Date of onset

10 pm 10 pm

Other contributory causes of importance:

5

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 .....

(Signed) J. M. Mathews Cowness M.D.

(Address) Bowling Green Mo