

MAR 8 1933

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

Do not use this space.

2770

## 1. PLACE OF DEATH

County Pulaski  
Township Loman  
City Crocker (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 716Primary Registration District No. 5945

File No. \_\_\_\_\_

Registered No. 1

## 2. FULL NAME

(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 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henderson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 21 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
72 3 23

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

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) Near Rockland, Pulaski Co.13. NAME John Harris14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT (ADDRESS) Luther Henderson18. BURIAL, CREMATION, OR REMOVAL PLACE Crocker County DATE 1/15/33 19.19. UNDERTAKER (ADDRESS) Nease & Sons20. FILED 1/14 19 33 W. J. Sell Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 13, 193322. I HEREBY CERTIFY, that I attended deceased from Jan 2, 1933 to Jan - 13, 1933That saw her alive on Jan 13, 1933 Death is saidto have occurred on the date stated above, at 1:23 P. m.

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

Influenza

Other contributory causes of importance: \_\_\_\_\_

Date of onset 1-2-33

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? 0 Was there an autopsy? 0

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? 0 Date of injury 0, 19 \_\_\_\_\_Where did injury occur? 0 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 0Nature of injury 024. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) C. Wallette, M. D.(Address) Crocker, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCURRENCE is very important.

