

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

Do not use this space.

1. PLACE OF DEATH Linn

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County.....

Registration District No. 496

File No. 6577

Township.....

Primary Registration District No. 3025

Registered No. 19

City Brookfield

(No. 719, Strawbridge)

St. 2nd Ward

2. FULL NAME Harold Eugene Hendricks

(a) Residence, No. 719 Strawbridge St. 2nd Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 21st. 1932

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
		<u>3</u>	<u>1</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Brookfield (STATE OR COUNTRY) Mo

13. NAME D.C. Hendricks

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

15. MAIDEN NAME Belva Eams

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

17. INFORMANT D.C. Hendricks (ADDRESS) Brookfield

18. BURIAL, CREMATION, OR REMOVAL PLACE Rose Hill cemetery DATE 2/23/33

19. UNDERTAKER C.W. Hill (ADDRESS) Brookfield

20. FILED 2-23 1933 W.E. Jenkins Registrar.

MEDICAL CERTIFICATE OF DEATH

2
21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/22/33, 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-21, 1933, to 2-22, 1933
I last saw him alive on 2-22, 1933. Death is said to have occurred on the date stated above, at 1230 P.M.

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

Congenital mitral & tricuspid regurgitation
157C 157D
Other contributory causes of importance: Acute left palate
Date of onset

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.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify (Signed) W.E. Jenkins M.D.
(Address) Brookfield Mo

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.

