

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

Do not use this space.

7005

1. PLACE OF DEATH
 94 County Ste. Genevieve Registration District No. 772
 4 Township Primary Registration District No. 4463
 6 City Elvins mo (No. St. Ward

2. FULL NAME Allie Hendrickson
 (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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hes. Hendrickson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 18th 1878

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>34</u>	<u>9</u>	<u>17</u>	

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

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) Green eo mo.

FATHER
 13. NAME, Wm. Smith
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER
 15. MAIDEN NAME Nancy Wilkerson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Hes. Hendrickson
 (ADDRESS) Elvins, mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Genevieve mo DATE 2-6 19...
 19. UNDERTAKER Galdwell Bros
 (ADDRESS) Flat River mo.

20. FILED 9-6-33 19... Edgar G. Hitesch
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 5 19...³³

22. I HEREBY CERTIFY, That I attended deceased from Dec 30 19...³² to July 5 19...³³
 I last saw him alive on Jan 15 19...³³ Death is said to have occurred on the date stated above, at 9h m.
 The principal cause of death and related causes of importance were as follows:
acute Influenza
with Bronchopneumonia
Post Influenza Physical
 Other contributory causes of importance: HA

Name of operation Chinid 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 and was related to occupation of deceased?
 If so, specify Physician
 (Signed) Dr. J. H. ... M. D.
 (Address) Green eo mo

COPIES OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

