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

Do not use this space.

File No. 10618

Registered No. 30

1. PLACE OF DEATH

County: Phelps — Registration District No. 677

Township: Rolla — Primary Registration District No. 4403

City: Rolla (No. ..... , ... St. ..... Ward)

2. FULL NAME: Della Henson

(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: Femal

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 25, 1895

7. AGE: Years 37 — Months 7 — Days 3 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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.: Housewife

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): Norga Ill

FATHER

13. NAME: D.F.Barker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

MOTHER

15. MAIDEN NAME: Margaret Sparks

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill

17. INFORMANT (ADDRESS): Joe Henson Rolla, Mo...

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Rolla Mo DATE: Mar, 30, 33

19. UNDERTAKER (ADDRESS): Null and Licklider Rolla, Mo...

20. FILED 3-29, 1933 Jos. F. Cyan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 24, 1933, to March 28, 1933

I last saw her alive on March 28th, 1933. Death is said to have occurred on the date stated above, at 6.45 p.m.

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

Carcinoma of the uterus

Date of onset

Other contributory causes of importance:

Name of operation: Pan Hysterectomy Date of: 3/24/33

What test confirmed diagnosis? Microscopic 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) [illegible] M.D.

(Address) Rolla 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.