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.

15154

1. PLACE OF DEATH

County ..... Registration District No. 791

Township St Louis Primary Registration District No. [illegible]

City ..... (No. City Hosp. ..... St. ..... Ward)

File No. .....

Registered No. 3682

2. FULL NAME Abby Henderson.

(a) Residence, No. 3921 McRee St., 17 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 1 - 1867

7. AGE: YEARS 65 MONTHS 5 DAYS 21 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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

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): ~~Indiana~~ Tenn

FATHER

13. NAME: John Huffstutler

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

MOTHER

15. MAIDEN NAME: Hannah Byler

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

17. INFORMANT (ADDRESS): Mrs. W. Burris 3921 McRee

18. BURIAL, CREMATION, OR REMOVAL
PLACE Union City Tenn DATE 4 - 26 1933

19. UNDERTAKER (ADDRESS): John A. Genteman 5677 Dunsmore

20. FILED [illegible] 1933 Max C. Starkloff Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4 - 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from 3 - 13, 1933, to 4 - 22, 1933

I last saw her alive on 4 - 22, 1933. Death is said to have occurred on the date stated above, at 10:45 p.m.

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

| | Date of onset |
|---|---|
| Carcinoma of Breast | |
| 50 | |

Other contributory causes of importance:

Chronic Myocarditis

Hypostatic Pneumonia

Name of operation Amputation Date of 3-18-33

What test confirmed diagnosis? Clinical 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? .....

If so, specify .....

(Signed) Raymond Hacale, M. D.

(Address) City Hospital

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Mr. M. Barrois
3921 McRae