

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

Do not use this space.

17068

1. PLACE OF DEATH Linn
 County..... Registration District No. 496
 Township..... Primary Registration District No. 3025
 City Brookfield (No.....) St..... Ward.....

2. FULL NAME George Washington Hendricks
 (a) Residence, No. 811 Meade St. 1 Ward.....
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No.....
 Registered No. 42
 St..... Ward.....

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M	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 Etta Hendricks		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May, 7, 1870		
7. AGE YEARS 63	MONTHS	DAYS 11
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. merchant		
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) 5/18/33		11. Total time (years) spent in this occupation.....
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jerico Springs, MO		
13. NAME Harrison Hendricks		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know Dont Know		
15. MAIDEN NAME Elizabeth Clingsmith Barry		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill		
17. INFORMANT Mrs. Etta Hendricks (ADDRESS) Brookfield, MO		
18. BURIAL, CREMATION, OR REMOVAL PLACE Rose Hill DATE 5/20/33 , 19..		
19. UNDERTAKER C.W. Hill (ADDRESS) Brookfield		
20. FILED 5-19-33 G.E. Jenkins Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **5/18/33**, 19..

22. I HEREBY CERTIFY, That I attended deceased from **May 14**, 19**33**, to **May 18**, 19**33**
 I last saw him alive on **May 18**, 19**33** Death is said to have occurred on the date stated above, at **12:25 P.M.**
 The principal cause of death and related causes of importance were as follows:
Ac. Nephritis - with (Uremic Convulsion)
 Date of onset **May 14**
 Other contributory causes of importance: **132B / 30**

Name of operation **None** Date of.....
 What test confirmed diagnosis? **Chemical** 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) **Flave Evans**, M. D.
 (Address) **Brookfield Mo**

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.

JUN 23 1933

