

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.

AUG 26 1933

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

Do not use this space.

24077

1. PLACE OF DEATH

County Pike Registration District No. 689  
Township Buffalo Primary Registration District No. 2033  
City Louisiana (No. Pike Co. Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

2. FULL NAME

Walter Anton Hendrickson  
(a) Residence, No. \_\_\_\_\_ (Usual place of abode) Reho, Dec R3 Ward. \_\_\_\_\_  
(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 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 Cara Hendrickson  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-27-1880  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
53 3 3

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. Robber  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation 120

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

FATHER 13. NAME James Hendrickson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

MOTHER 15. MAIDEN NAME Rachael Morris

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

17. INFORMANT Mrs Hendrickson (ADDRESS) Reho Ill

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Hill Ill DATE 7-22 1933

19. UNDERTAKER H. J. Warrington (ADDRESS) Pleasant Hill Ill

20. FILED 7-20 1933 J. O. Nally Jr Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-20 1933  
22. I HEREBY CERTIFY, That I attended deceased from 7-15 1933 to 7-20 1933  
I last saw him alive on 7-20 1933 Death is said to have occurred on the date stated above, at 2352 m

The principal cause of death and related causes of importance were as follows:  
Lobar pneumonia Date of onset \_\_\_\_\_  
met.  
perforated gastric ulcer  
Pemphigus  
Other contributory causes of importance \_\_\_\_\_  
Name of operation intest. perforation Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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 \_\_\_\_\_  
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) W. H. Hendrickson, M. D.  
(Address) Reho Ill

