

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

Do not use this space.

26433

1. PLACE OF DEATH

County Jackson Registration District No. 399  
Township Kan Primary Registration District No. 1002  
City Kansas City (No. 1001) W 16 1/2 St Registered No. 3161 Ward

2. FULL NAME

M. Elizabeth 0 Henderson  
(a) Residence, No. 1501 1/2 W 16th St. Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX me 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) Lucinda Ann Henderson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 9 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
73 8 27

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

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) Spain

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Roy Henderson  
(ADDRESS) 1001 1/2 W 16th

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Aug 7 1933

19. UNDERTAKER D. W. Newcome  
(ADDRESS) 15 C 20

20. FILED Aug 6 1933 M. M. Cowe  
act Registrar.

2) MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 5 1933

22. I HEREBY CERTIFY, That I attended deceased from July 29 1933 to Aug 5 1933

I last saw him alive on Aug 5 1933 Death is said to have occurred on the date stated above, at 8:15 m.

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

Pneumothorax Myocardia Arteriosclerosis 304  
174 137 Q

Other contributory causes of importance:  
Emphysema of liver

Name of operation none Date of.....

What test confirmed diagnosis Physical Exam 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) [Signature] M. D.

(Address) 1303 Waldheim Bldg

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.

SEP 26 1933

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W. & M. 80 3 20

3924 Jacquet st

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UNITED STATES DEPARTMENT OF JUSTICE

COMMUNICATIONS SECTION