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

Do not use this space.

32354

File No. 26

Registered No.

1. PLACE OF DEATH

County Butler — Registration District No. 995

Township Ash Hill — Primary Registration District No. 5134c

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

2. FULL NAME Lois Lucile Hendricks

(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.

OCT 20 1933

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Girl

4. COLOR OR RACE: white

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 31 - 1932

7. AGE: Years ..... Months 9 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. —

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) near Broseley Mo.

FATHER

13. NAME Jesse Hendricks

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Parma Mo.

MOTHER

15. MAIDEN NAME Pearl Kennedy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bernie Mo

17. INFORMANT Jesse Hendricks (ADDRESS) Broseley MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Mole Hill Cemetery DATE ..... 19..

19. UNDERTAKER ..... (ADDRESS) .....

20. FILED Oct 3 19.33 Floya Parker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 3 19.33

22. I HEREBY CERTIFY, That I attended deceased from Oct 2, 19.33, to Oct 3, 19.3.

I last saw her alive on Oct 3, 19.33 Death is said to have occurred on the date stated above, at 7:30 a.m.

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

Bronchial Pneumonia — Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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) R. F. Tarpley, M. D.

(Address) Fisk

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.