

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

Do not use this space.

34265

1. PLACE OF DEATH

95 County St. Louis
Township St. Genevieve
City..... (No..... St..... Ward)

Registration District No. 780
Primary Registration District No. 6025

File No.....
Registered No. 54

2. FULL NAME

William Henderson

(a) Residence, No..... St..... Ward.....
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 25 - 1870
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 9 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Roomer
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) Oct 1st 1903 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois
13. NAME unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Ang Brickle (ADDRESS) St. Genevieve Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis Mo. DATE Oct 22nd 1903

19. UNDERTAKER W. J. Stanton (ADDRESS) St. Louis Mo.

20. FILED Oct 21 1903 T. W. Douglas Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 21 - 1903
22. I HEREBY CERTIFY, That I attended deceased from Oct 9 - 1903, to Oct 21 1903
I last saw him alive on Oct 21 1903 Death is said to have occurred on the date stated above, at 2 A. m.
The principal cause of death and related causes of importance were as follows:

Influenza -
Pneumonia
Chronic Hypertrophic Arteritis
Date of onset 10/9/03
Other contributory causes of importance: 2

Name of operation..... Date of.....
What test confirmed diagnosis? Chisical 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) R. W. Lawrence, M. D.
(Address) St. Genevieve, 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.

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