

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

Do not use this space.

37162

**1. PLACE OF DEATH**

County Marion Registration District No. 547  
 Township Marion Primary Registration District No. 2029  
 City Hannibal (No. 601, Bridge) St. 1 Ward)

File No. \_\_\_\_\_  
 Registered No. 338

**2. FULL NAME**

(a) Residence, No. 601 Bridge 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Cora Hendrickson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 29, 1871</u>		
7. AGE	YEARS <u>61</u>	MONTHS <u>11</u>
	DAYS <u>9</u>	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.	<u>Labor</u>
	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) <u>Unknown</u>		
FATHER	13. NAME	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
17. INFORMANT (ADDRESS) <u>Mrs. Cora Hendrickson Hannibal, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Olivet Cemetery Nov. 11, 1933</u>		
19. UNDERTAKER (ADDRESS) <u>James O. Danzell Hannibal, Mo.</u>		
20. FILED <u>Nov 10, 1933</u> <u>R. H. Debiator</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

to have occurred on the date stated above, at 11:30 p. m.

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

Heart trouble Date of onset \_\_\_\_\_  
95 B  
112  
95 B  
 Other contributory causes of importance:  
asthma

Name of operation \_\_\_\_\_ 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 \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? Hannibal, Mo.  
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

at home

Manner of injury Full dead

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) Acil E. Schwart

(Address) Hannibal, Mo.

Lawson, Marion Co., Mo.

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.

64  
8  
33  
31  
31  
31  
31

RECORD

