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.

DR Henricksen

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

Do not use this space.

39320

JAN 26 1934

1. PLACE OF DEATH
County: BUTLER
Township: POPLAR BLUFF
City: HILLIARD (No. ..., ... St. ... Ward)

Registration District No.: 89
Primary Registration District No.: 5131

File No.: 14
Registered No.: 59

2. FULL NAME: GEORGE W. HENDRICKSON, JR.
(a) Residence, No.: HILLIARD, MO. 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): INFANT

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): DEC. 11, 1933

7. AGE: Years —; Months —; 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): HILLIARD, MISSOURI

FATHER
13. NAME: GEO. W. HENDRICKSON
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): HENDRICKSON, MO.

MOTHER
15. MAIDEN NAME: ANNA TURNER
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ILLINOIS

17. INFORMANT: GEO. W. HENDRICKSON
(ADDRESS) HILLIARD, MISSOURI R.F.D. Poplar Bluff

18. BURIAL, CREMATION, OR REMOVAL
PLACE: OAK HILL DATE: DEC. 14 33

19. UNDERTAKER: GREER UNDERTAKING CO.
(ADDRESS) POPLAR BLUFF, MO.

20. FILED 1-3- 1934 W. S. Bailey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): DEC. 13, 1933

22. I HEREBY CERTIFY That I attended deceased from Dec 13, 1933, to Dec 13, 1933
I last saw h— alive on Dec 13, 1933. Death is said to have occurred on the date stated above, at 9 P.M.
The principal cause of death and related causes of importance were as follows:

Fracture of skull
Hemorrhage
Premature walk. Prematurity
15 TC

Date of onset

Other contributory causes of importance:

158

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) W. M. Henricksen, M. D.
(Address) Poplar Bluff Mo.