

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.

FEB 27 1934

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

Do not use this space.
#0-981-a

1. PLACE OF DEATH
 80 County Pettis Registration District No. 668
 4 Township Pedalia Primary Registration District No. 3032
 3 City Pedalia (No. Bothwell Hospital) Registered No. 668
 File No. 4
 St. _____ Ward _____

2. FULL NAME Mel T. 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14 - 1861

7. AGE YEARS 72 MONTHS 6 DAYS _____ 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. Retired
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MOTHER FATHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Va
 13. NAME Tom Henderson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Va
 15. MAIDEN NAME Don't know
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know
 17. INFORMANT (ADDRESS) Robert Henderson
 18. BURIAL, CREMATION, OR REMOVAL PLACE Hudson Mo DATE Jan 7 1934
 19. UNDERTAKER (ADDRESS) Tiller
 20. FILED Jan 1 1934 Gene Black Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-31 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 1933, to 12-31 1933
 I last saw him alive on 12/31 1933. Death is said to have occurred on the date stated above, at 1 p m.
 The principal cause of death and related causes of importance were as follows:
Angina pectoris
arterio sclerosis
 Date of onset 5 am 12/31

Other contributory causes of importance:
None

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. D. M. D.
 (Address) Pedalia Mo

