FEB 27 1934

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

Do not use this space.

1704

1. PLACE OF DEATH
County Laclede — Registration District No. 2774 — File No.
Township Mayfield — Primary Registration District No. 5610 — Registered No. 1
City Richland (No. , St. Ward)

2. FULL NAME James M Henson
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 8 1865

7. AGE: YEARS 68 — MONTHS 4 — DAYS 5 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Farmer
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): all of Life
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): West Glaine Camden Co Mo

FATHER
13. NAME: John H Henson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Waynesville Pulaski Co Mo

MOTHER
15. MAIDEN NAME: Mary E Lane
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Knox Co East Tennessee

17. INFORMANT (ADDRESS): George Henson Richland Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Doughty Cemetery DATE 1st 14th 1934

19. UNDERTAKER (ADDRESS): R B Leeple Richland Mo

20. FILED Jan 18 1934 C. E. Carlton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 13th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec, 10, 1933, to Jan. 13, 1934
I last saw him alive on Jan 12, 1934 Death is said to have occurred on the date stated above, at 9:30 A.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of the bladder — Date of onset

51B

Other contributory causes of importance:

51

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) C. E. Carlton, M. D.
(Address) Stoutland Mo