MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH
53 County Laclede — Registration District No. 449 — File No. 5503
Township Lebanon — Primary Registration District No. 5609 — Registered No.
City ..... (No. ..... , ... St. ..... Ward)

2. FULL NAME Mary A. Henson
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 7th - 1862

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
70	10	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
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) Laclede Co. Mo.

FATHER
13. NAME Patrick Lehman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U. S.

MOTHER
15. MAIDEN NAME Mary Litter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Mrs. Frank Kimble Lebanon Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ivey Cemetery DATE 2 - 25 1934

19. UNDERTAKER (ADDRESS) Palmer's Lebanon

20. FILED 2/24, 1934 J. A. McComb Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 7, 1933, to Feb 23, 1934
I last saw her alive on 2/23, 1934. Death is said to have occurred on the date stated above, at 1.30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	10/7/33

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Physical 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) J. A. McComb, M. D.
(Address) Lebanon

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.