

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.

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

Do not use this space.

MAR 24 1934

1. PLACE OF DEATH

County Pike Registration District No. 689
Township _____ Primary Registration District No. 2033
City Louisiana (No. 9th St. Ky) St. _____ Ward _____

File No. 6079
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. O E Henderson St. _____ Ward _____
(Usual place of abode) 9th St. Ky (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>Annie Poyser</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>4/22-1873</u>		
7. AGE	YEARS <u>60</u>	MONTHS <u>10</u>
	DAYS <u>6</u>	IF LESS than 1 day. _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>News work</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>Pike Co Mo</u>		
FATHER	13. NAME <u>John M Henderson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mellisa</u>	
MOTHER	15. MAIDEN NAME <u>Mellisa Baxter</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pike Co Mo</u>	
17. INFORMANT (ADDRESS) <u>Mrs Annie Poyser Henderson</u> <u>Louisiana Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Riverside</u> DATE <u>3-2</u> 19 <u>34</u>		
19. UNDERTAKER (ADDRESS) <u>J C Harty</u> <u>Louisiana Mo</u>		
20. FILED <u>21</u> 19 <u>34</u> <u>J C Harty</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-28 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1933, to Feb 28 1934
I last saw Jim alive on 2-28 1934. Death is said to have occurred on the date stated above, at 5:30 m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of liver Date of onset _____
46
Other contributory causes of importance: 46

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 D. H. Pearson (Signed) _____, M. D.
(Address) Louisiana Mo

