

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

Do not use this space.

9316

1. PLACE OF DEATH

County Jasper Registration District No. 408
 Township Merion Primary Registration District No. 2020
 City St. Louis Carroll M. Burns-Brooks Hospital

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

2. FULL NAME

(a) Residence, No. 1208 Keelan 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

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 7, 1934

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

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) Carthage Missouri

FATHER 13. NAME Roy Hendrickson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carthage Missouri

MOTHER 15. MAIDEN NAME Helena Rose

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carthage Missouri

17. INFORMANT (ADDRESS) Roy Hendrickson 1208 Keelan - Carthage, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Crematory DATE Mar. 12, 1934

19. UNDERTAKER (ADDRESS) Knee Mortuary Carthage, Missouri

20. FILED Mar. 13, 1934 Registrar A. A. LaFare

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar. 9, 1934 to Mar. 12, 1934
 I last saw h. alive on Mar. 11, 1934 Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Congenital Malformation of Heart. Patent Foramen Ovale. Date of onset _____

Other contributory causes of importance _____

Name of operation None Date of _____

What test confirmed diagnosis? None Was there an autopsy? Partial

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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? no

If so, specify _____

(Signed) A. A. LaFare M. D.
 (Address) Carthage Mo

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.

183

49

Carroll M. Burns-Brooks Hospital

Donald Lee Hendrickson

1208 Keelan

Mar. 7, 1934

5

Carthage Missouri

Roy Hendrickson

Carthage Missouri

Helena Rose

Carthage Missouri

Roy Hendrickson 1208 Keelan - Carthage, Mo.

Crematory Mar. 12, 1934

Knee Mortuary Carthage, Missouri

Mar. 13, 1934 A. A. LaFare Registrar

1570

