

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

Do not use this space.

MAY 25 1934

12670

1. PLACE OF DEATH

County Holt Registration District No. 370
 Township Forest City Primary Registration District No. 4216
 City Forest City (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 11

2. FULL NAME

Margaret Hendrix
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 27 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Jas Hendrix (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 4 - 1861
 7. AGE YEARS 73 MONTHS 2 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. same
 10. Date deceased last worked at this occupation (month and year) 1933 11. Total time (years) spent in this occupation _____

OCCUPATION

12. BIRTHPLACE (CITY OR TOWN) Holt Co (STATE OR COUNTRY) Mo.

13. NAME Daniel Grimes

14. BIRTHPLACE (CITY OR TOWN) Ohio (STATE OR COUNTRY)

15. MAIDEN NAME Margaret Cordrey

16. BIRTHPLACE (CITY OR TOWN) Ohio (STATE OR COUNTRY)

17. INFORMANT Jas Hendrix (ADDRESS) Forest City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest City Mo DATE Apr 14 3

19. UNDERTAKER Walter Pettiford (ADDRESS) Oregon Mo

20. FILED 4-14, 1934 J. E. Bullock Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 13, 1934
 22. I HEREBY CERTIFY, That I attended deceased from March 8, 1934, to Apr 13, 1934
 I last saw him alive on April 11, 1934. Death is said to have occurred on the date stated above, at 6:50 P.M.
 The principal cause of death and related causes of importance were as follows:

Cancer of Stomach
Mo B
Ch 6
 Other contributory causes of importance: _____

Date of onset 1932

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? No

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? No
 If so, specify _____
 (Signed) Jas B Handley, M. D.
 (Address) Oregon, 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.

