

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.

AUG 20 1934

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

Do not use this space.

25546

1. PLACE OF DEATH

County Miller
Township Franklin
City Baggett (No.)

Registration District No. 561
Primary Registration District No. 5756

File No.
Registered No. 49
St. Ward)

2. FULL NAME

(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 <u>Female</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>J. F. Arnold</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 25, 1874</u>		
7. AGE YEARS <u>60</u>	MONTHS <u>3</u>	DAYS <u>29</u>
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. <u>Housewife</u>		
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) <u>Miller Co. Mo</u>		
13. NAME <u>Merriott Henderson</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>		
15. MAIDEN NAME <u>Harriet Bowlin</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>not known</u>		
17. INFORMANT <u>Mrs. Olevia McMillan</u> (ADDRESS) <u>Baggett, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Henderson Cem.</u> DATE <u>July 25, 1934</u>		
19. UNDERTAKER <u>Buried by Relatives</u> (ADDRESS) <u>7-24-1934</u>		
20. FILED <u>7-24</u> <u>1934</u> <u>Belle Hayes</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24, 1934

22. I HEREBY CERTIFY That I attended deceased from 7-20, 1934 to 7-28, 1934.
I last saw him alive on 7-20, 1934. Death is said to have occurred on the date stated above, at 5:30 A.M.
The principal cause of death and related causes of importance were as follows:
Relatitis Melitica
57
Other contributory causes of importance: 9
1

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) E. C. Shelton , M. D.
(Address) Elton, Mo.

