

SEP 18 1934 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

30410

1. PLACE OF DEATH
County Platte Registration District No. 692
Township Green Primary Registration District No. 591913
City (No. _____) St. _____ Ward _____

2. FULL NAME Phoebe Rachel Hendershot
(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>Widowed</u>		
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>J. Hendershot</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 9-1866</u>				
7. AGE	YEARS <u>76</u>	MONTHS <u>11</u>	DAYS <u>22</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>House Keeping</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>House work</u>			
MOTHER	10. Date deceased last worked at this occupation (month and year) <u>Aug 1 1934</u>		11. Total time (years) spent in this occupation <u>52</u>	
	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clinton Iowa</u>			
FATHER	13. NAME <u>James Stockton</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>			
MOTHER	15. MAIDEN NAME <u>Emilia Jane Bradburn</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>			
17. INFORMANT (ADDRESS) <u>J. Stiger Deason mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bethel Am</u> DATE <u>Aug 22d 1934</u>				
19. UNDERTAKER (ADDRESS) <u>Deason Davis Deason mo.</u>				
20. FILED <u>Aug 3 1934 M. H. Moore Registrar</u>				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 1 - 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 1st 1934, to Aug 1 1934
I last saw her alive on Aug 1 1934 Death is said to have occurred on the date stated above, at 7:23 a.m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage (Probable) Dead without medical attention
Other contributors, causes of importance:
Apoplexy

Name of operation No Date of None
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury None, 1934
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) St. L. Bradburn
(Address) Bradburn (Coroner) Platte County 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.

