

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.

JAN 25 1935

1. PLACE OF DEATH

County Carroll
Township
City Carrollton (No.)

Registration District No. 135
Primary Registration District No. 3010

File No. 42249
Registered No. 117
St. Ward

2. FULL NAME

David N. Henderson
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-29-1865

7. AGE YEARS 69 MONTHS 7 DAYS 23 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmur

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) Madison Co. Indiana

13. NAME James Henderson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kennett Ky

15. MAIDEN NAME Mary J. Mills

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kennett Ky

17. INFORMANT (ADDRESS) Mrs Dan Tope Carrollton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill Cem DATE 12/28/34

19. UNDERTAKER (ADDRESS) Willis Funeral Home Carrollton Mo

20. FILED 12-29 1934 W. H. Haskin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-22 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1933 to Dec 22 1934

I last saw him alive on Dec 22 1934. Death is said to have occurred on the date stated above, at 4 P. m.

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

Coronary Thrombosis (Date of onset)

Other contributory causes of importance:

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 _____

(Signed) W. H. Haskin M. D.

(Address) Carrollton Mo

