

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

APR 8 1935

**1. PLACE OF DEATH**

County Callaway Registration District No. 104  
 Townshp Callaway Primary Registration District No. 3008  
 City Fulton (No. Fulton, Mo) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 4558  
 Registered No. 40

**2. FULL NAME**

Victor Hendricks  
 (a) Residence, No. 332 N. Wheeling KC St. Mo Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 8 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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) July 1, 1882

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
52 7 14

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. DK  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation DK

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belgium

FATHER  
 13. NAME Henry Hendricks

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

MOTHER  
 15. MAIDEN NAME Silvy Hendricks

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

17. INFORMANT (ADDRESS) Hosp Records

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Lincoln City, Mo DATE Feb 16 1935

19. UNDERTAKER (ADDRESS) John J. Sheehan

20. FILED 2-16 1935 R. N. Chew  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 15<sup>th</sup> 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 15<sup>th</sup> 1934, to Feb 15 1935  
 I last saw him alive on Feb 14<sup>th</sup> 1935 Death is said to have occurred on the date stated above, at 4:47 a.m.

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

General Paralysis of the Date of onset DK  
Base of Skull  
DK

Other contributory causes of importance:

Name of operation None Date of \_\_\_\_\_  
 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? \_\_\_\_\_ 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) Thos. A. Dopshinis, M. D.  
 (Address) State Hosp. No. 1 Fulton

