

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

Do not use this space.

11570

1. PLACE OF DEATH
 County Scott Registration District No. 819
 Township Mauley Primary Registration District No. 4495
 City (No. 6068) St. _____ Ward _____
 2. FULL NAME Infant of Mr + Mrs Tom 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 Male 4. COLOR OR RACE Caucas 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 10 - 1935
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
0 0 0 2

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant
 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) Mauley Scott Co. Mo.

FATHER
 13. NAME Tom Henderson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Late County Mississippi

MOTHER
 15. MAIDEN NAME Jonie Nelson

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

17. INFORMANT Tom Henderson
 (ADDRESS) Mauley, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Country farm near Mauley, Mo. DATE Mar 12 1935

19. UNDERTAKER (ADDRESS) W. J. Ryland, 214 S. 1st St., Mauley, Mo.

20. FILED 9 1935 Amy L. Boyce Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 10 1935
 22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 9:00 p. m.
 The principal cause of death and related causes of importance were as follows:

Premature Birth
 159
 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 Coronary
 (Signed) H. J. Ryland M. D.
 (Address) Scott Co. Mo.

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.

