

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**

MAY 23 1935

Do not use this space.

WMM
12094

1. PLACE OF DEATH

County Calwell Registration District No. 96
Township Hamilton Primary Registration District No. 4068
City Hamilton (No. _____) St. _____ (Ward) _____

File No. _____
Registered No. 7

2. FULL NAME

Deliah A 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 <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>Lewis Henderson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 18 1860 1860</u>		
7. AGE	YEARS <u>74</u>	MONTHS <u>9</u>
	DAYS <u>23</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>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) _____ II. Total time (years) spent in this occupation _____	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pattonburg Missouri</u>	
	13. NAME <u>John Lilly</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
	15. MAIDEN NAME <u>Mary Thomas</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Chas. Johnson</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Highland</u> DATE <u>Apr 26 1935</u>		
19. UNDERTAKER (ADDRESS) <u>Nettie L. Houghless Hamilton Mo.</u>		
20. FILED <u>April 26 1935</u> <u>Mrs. L. Brown</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 24 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr. 23 1935, to Apr. 24 1935
I last saw h. or alive on Apr. 23 1935 Death is said to have occurred on the date stated above, at 3:00 a.m.
The principal cause of death and related causes of importance were as follows:
Coronary thrombosis
946
Other contributory causes of importance:
arterio-sclerosis

Date of onset <u>Apr. 23</u>

Name of operation _____ 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) L. M. Daley, M. D.
(Address) Hamilton, Mo.

