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.

DEC 11 1935

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

Do not use this space.

36434

1. PLACE OF DEATH
County Jasper — Registration District No. 411 — File No.
Township — Primary Registration District No. 2002 — Registered No.
City Joplin (No. 1027 Picher St. Ward)

2. FULL NAME Alvin A Henderson
(a) Residence, No. 1027 Picher St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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): widowed

5A. IF MARRIED, WIDOWED, OR ~~DIVORCED~~ ~~HUSBAND OF~~ (OR) ~~WIFE OF~~: Mary Henderson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feby 14 - 1858

7. AGE: YEARS 17 — MONTHS 9 — DAYS 4 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ore trucker
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 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Whitewater Wis

FATHER
13. NAME: R. I Henderson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): N Y State

MOTHER
15. MAIDEN NAME: Emma Doorrod
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): N. Y. State

17. INFORMANT (ADDRESS): Mrs Emma Tomnes Joplin Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Forrest Pk DATE 11/20 1935

19. UNDERTAKER (ADDRESS): Hurlbut and Co

20. FILED 11-18, 1935 Ed D Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-18 - 35

22. I HEREBY CERTIFY, That I attended deceased from May, 1935, to 11-5, 1935
I last saw him alive on Nov. 5, 1936. Death is said to have occurred on the date stated above, at 4:30 p.m.
The principal cause of death and related causes of importance were as follows:

Origina Pectoris

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) Margaret T Raymond M.D.
(Address) 601 - Frisco Bldg Joplin Mo