

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

Do not use this space.

JAN 15 1936

38767

1. PLACE OF DEATH

County Caldwell
Township Hamilton
City Hamilton (No. _____)

Registration District No. 96
Primary Registration District No. 4068

File No. _____
Registered No. 26
St. _____ Ward _____

2. FULL NAME Lewis 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) Delilah Henderson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 9 1856

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>79</u>	<u>10</u>	<u>8</u>	

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

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) Ohio

13. NAME Robert Henderson

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

15. MAIDEN NAME unknown

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

17. INFORMANT Mrs Charles Johnson
(ADDRESS) Hamilton Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hamilton DATE Dec 5 1935

19. UNDERTAKER (ADDRESS) H. H. Shuppert
Hamilton Mo.

20. FILED Dec 3 1935 Merle Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 1 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 15 1935, to Dec 1 1935.
I last saw him alive on Nov 31 1935. Death is said to have occurred on the date stated above, at 6:30 A.M.
The principal cause of death and related causes of importance were as follows:

Valvular Heart disease
Aortic Stenosis

Other contributory causes of importance:

Arterio Sclerosis

Name of operation _____ Date of _____
What test confirmed diagnosis? Phys. Ex. Test 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 Herbert R. Booth, M. D.
(Signed) _____ (Address) Hamilton 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.

