

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.

FEB 18 1936

481

1. PLACE OF DEATH

County

Cape Girardeau

Registration District No.

1207

File No.

Township

CAPE GIRARDEAU

Primary Registration District No.

5175

Registered No.

12

City

(No.)

Highway 61 about 6 miles N.W. of Cape Girardeau (Ward)

MO

2. FULL NAME

Samuel David Henderson

(a) Residence, No.

St.

Ward.

Piedmont MO

(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 White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Martha Henderson
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6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 27 1878

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	57	10	15	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	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) Todd County Kentucky

13. NAME Dave Henderson

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

15. MAIDEN NAME Martha Louisa Colson

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

17. INFORMANT (ADDRESS) Martha Henderson Cape Girardeau MO

18. BURIAL, CREMATION, OR REMOVAL (ADDRESS) Harrison Cemetery MO DATE Jan 13 1936

19. UNDERTAKER (ADDRESS) Chinkoff & Howell Funeral Home Cape Girardeau MO

20. FILED 1-17-1936 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 12 1936

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 10:45 P.M.

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

Crushed Skull, One Arm and

Both Legs Broken,

Other contributory causes of importance:

None.

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. Acc'dt. Date of injury I-12, 1936

Where did injury occur? Highway #61 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Highway.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) J. A. Moore J. A. Moore 1/14/36

(Address) Cape Girardeau MO Coroner.

