MAR 17 1936

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

Do not use this space.

5163

File No. .....

Registered No. 43

1. PLACE OF DEATH

County Cole Registration District No. 213

Township ..... Primary Registration District No. 3014

City Jefferson City (No. St Marys Hosp St. ..... Ward)

2. FULL NAME Eva Hendrix

(a) Residence, No. Leslie, Mo. 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: Female

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 Joe Hendrix.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6, 1883

7. AGE: Years 52 | Months 6 | Days 8 | If LESS than 1 day, ... hrs. or ..... min.

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. ✓

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) Sasconade Co. Mo.

FATHER

13. NAME Wm Rogers

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

MOTHER

15. MAIDEN NAME Margaret Williams

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

17. INFORMANT (ADDRESS) Paul Hendrix. Union Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Union DATE Feb 17 1936

19. UNDERTAKER (ADDRESS) Buschke Funeral Home Jefferson City Mo.

20. FILED 2/15/1936 H. Beaford MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/14/1936

22. I HEREBY CERTIFY, That I attended deceased from 2/12/1936, to 2/14/1936, I last saw her alive on 2/14/1936. Death is said to have occurred on the date stated above, at 8:30 p.m.

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

	Date of onset
Diabetic Coma	2/13/36

Other contributory causes of importance

Chronic thrombosis	2/1/36

Name of operation Cholecystectomy Date of 2/13/36

What test confirmed diagnosis? ..... 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) H. Beaford, M. D.

(Address) Jeff. City Mo

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.

WRITE PLAINLY, WITH INDELIBLE INK. DO NOT FOLD.

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