APR 15 1936

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

Do not use this space.

9390

File No.

Registered No. 396

1. PLACE OF DEATH

County Buchanan, Registration District No.

Township Primary Registration District No.

City St. Joseph, (No. 2727 Monteray St. Ward)

2. FULL NAME John Albert Hendrixson,

(a) Residence, No. 2727 Monteray St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna C. Hendrixson,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 16th. 1869

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	66	2	26	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General

10. Date deceased last worked at this occupation (month and year) March 1936,

11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Iowa,

FATHER

13. NAME Unknown,

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

MOTHER

15. MAIDEN NAME Unknown,

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

17. INFORMANT Mrs. John A. Hendrixson
(ADDRESS) 2727 Monteray Street,

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Jo. Mem. Park DATE March 16, 1936

19. UNDERTAKER Heaton-BrGale & Bowman
(ADDRESS) 319 So. 10th. St. Funeral Home

20. FILED 3-14 1936 John R. Bender, Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1936, to March 12, 1936

I last saw h. ent. alive on March 12, 1936. Death is said to have occurred on the date stated above, at 11:45 p.m.

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

Influenza.

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical 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) J. W. Mays, M. D.

(Address) 301 Ballinger Bldg St. Joseph 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.

Ballinger