

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

Do not use this space.

9533

APR 16 1936

1. PLACE OF DEATH
County Baldwell Registration District No. 98
Township New York Primary Registration District No. 5145
City _____ (No. _____ St. _____ Ward _____)

2. FULL NAME Mary Alice Henkins
(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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Henkins
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 3 1851
7. AGE YEARS 84 MONTHS 4 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
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) Alleghany Co. Md.
13. NAME Serdinaud Frazier
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hampshire City Va.
15. MAIDEN NAME Mathilda Burrick
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hampshire City Virginia
17. INFORMANT Mrs. Mary Henkins
(ADDRESS) Cougill, Md.
18. BURIAL, CREMATION, OR REMOVAL PLACE Hopewell Cemetery DATE March 23 1936
19. UNDERTAKER S. P. F. Hughson
(ADDRESS) Hamilton Mo.
20. FILED Mar 23 1936 Mrs. Ruth Hill
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 21 1936
22. I HEREBY CERTIFY, That I attended deceased from Mar 20 1936, to Mar 21 1936
I last saw h. ev alive on Mar 21 1936 Death is said to have occurred on the date stated above, at 8 A. m.
The principal cause of death and related causes of importance were as follows:
Broncho Pneumonia Date of onset 3/19/36
Other contributory causes of importance Influenza 3/15/36
Name of operation none Date of _____
What test confirmed diagnosis? Phys diag 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? Yes
If so, specify _____
(Signed) Herbert R. Booth _____, M. D.
(Address) Hamilton 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.

