

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.

APR 27 1936

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

Do not use this space.

13629

1. PLACE OF DEATH

County Saline Registration District No. 796
Township Marshall Primary Registration District No. 3038
City Marshall, Mo. (No. 101 E. Marion) St. _____ Ward _____

File No. _____
Registered No. 79

2. FULL NAME

Idula Henton
(a) Residence, No. 101 E. Marion St. St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alexander Henton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 17, 1877

7. AGE YEARS MONTHS DAYS IF LESS than a day,hrs. ormin.
59 0 9

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) Parsons, Kansas

FATHER 13. NAME Samuel H. McCulloch

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stanton, Virginia

MOTHER 15. MAIDEN NAME Mary Elizabeth Gresham

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knoxville, Tennessee

17. INFORMANT (ADDRESS) Mrs. Robinson, Ok City, Oklahoma

18. BURIAL, CREMATION, OR REMOVAL PLACE Ridge Co. cemetery DATE Mar 30 1936

19. UNDERTAKER (ADDRESS) J. X. Surgery, Marshall, Mo.

20. FILED Mar 28 1936 Alex. Kuiton Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-26 1936

22. I HEREBY CERTIFY, That I attended deceased from April 24, 1935, to Mar. 26, 1936

I last saw her alive on Mar. 26, 1936 Death is said

to have occurred on the date stated above, at 12:10 P.

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

ascending paralysis Date of onset 1934

Other contributory causes of importance: Fall 1934

Name of operation None 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? Accident Date of injury Feb 8, 1934

Where did injury occur? Home, Fall of ladder

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

Manner of injury Fall from ladder

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) A. C. Putnam, M. D.

(Address) Marshall Mo.

