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.

MAY 21 1936

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

Do not use this space.

15671

1. PLACE OF DEATH
County Jasper — Registration District No. 411 — File No.
Township — Primary Registration District No. 2002 — Registered No.
City Joplin (No. 2302 Porter St. Ward)

2. FULL NAME Lester D. Henderson
(a) Residence, No. 2302 Porter 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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 5, 1895.
7. AGE YEARS 40 MONTHS 4 DAYS 17 If LESS than 1 day, ...hrs. or ....min.

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. In mines
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) Indiana

FATHER
13. NAME Wm H. Henderson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER
15. MAIDEN NAME Sarah E. Abbercrumbie
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Attica Ind.

17. INFORMANT (ADDRESS) Mrs Jessie Patterson

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Fairview DATE 4-23-36

19. UNDERTAKER (ADDRESS) Hurlbut Und Co Joplin Mo.

20. FILED 4-23, 1936 Ed D Jarnes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-22-36

22. I HEREBY CERTIFY, That I attended deceased from April 19, 1936, to April 22, 1936
I last saw him alive on April 21, 1936. Death is said to have occurred on the date stated above, at 2-15 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic pulmonary tuberculosis	no record

Other contributory causes of importance: 23

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? ..... 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 Silicosis
(Signed) H. D. Marbough, M. D.
(Address) Joplin Mo

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