

JUN 23 1936

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

Do not use this space.

23531

1. PLACE OF DEATH  
County Miller Registration District No. 563  
Township Clair Primary Registration District No. 5761a  
City Union (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Maude Berlin Hendricks  
(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.

File No. \_\_\_\_\_  
Registered No. 71  
St. \_\_\_\_\_ Ward \_\_\_\_\_

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 3-1880  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
55 8 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper  
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) Cauden Co., Mo.

13. NAME James C. Thompson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) California, Mo.

15. MAIDEN NAME Mary E. Berlin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linnecreek, Mo.

17. INFORMANT James C. Thompson  
(ADDRESS) Brunley, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Ann, Union DATE 6/5/36

19. UNDERTAKER C. L. Casey Iberia  
(ADDRESS) \_\_\_\_\_

20. FILED 6/9 1936 C. R. Hawkins  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4-1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1934, to June 4, 1936  
I last saw her alive on June 3, 1936, at 9:15 p.m. Death is said to have occurred on the date stated above, at 2 p.m.  
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis 1926  
Chronic Cholelithiasis 1915  
Acute influenza Nov. 1936

Name of operation no 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) Myron A. Jones D.O.  
(Address) Brunley, 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 UNFADING INK—THIS IS A PERMANENT RECORD

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