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.

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

SEP 21 1936

Do not use this space.

130075

1. PLACE OF DEATH
County: Butler
Township: Ash Hill
City: ..... (No. ..... St. ..... Ward)

Registration District No. 925
Primary Registration District No. 5134c

File No.
Registered No. 86

2. FULL NAME: Unnamed

(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: girl
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word):

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 24-1936

7. AGE: YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or 15 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none
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): Fisk

FATHER
13. NAME: Wilson Riley Henderson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Fisk Mo

MOTHER
15. MAIDEN NAME: Luella Francis Gard
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Asherville Ill

17. INFORMANT (ADDRESS): Arthur Gard

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Ash Hill DATE: Aug 24 1936

19. UNDERTAKER (ADDRESS): None

20. FILED: Sept 10 1936 Floyd Parker Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 24 1936

22. I HEREBY CERTIFY, That I attended ~~deceased from~~ Mother at birth of child, to ....., 19....
I last saw her alive on Aug 24, 1936. Death is said to have occurred on the date stated above, at 4:20 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Absence of occipital bone and covering | |

Other contributory causes of importance:

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? .....
If so, specify .....
(Signed) R. F. Tarsley, M. D.
(Address) Fisk