

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

Do not use this space.

OCT 23 1936

1. PLACE OF DEATH

County Wright Registration District No. 651
 Township Little Prairie Primary Registration District No. 3-8-63
 City (No. St. Ward)

File No. 35145
 Registered No. 114

2. FULL NAME

William Dean Henson
 (a) Residence, No. St. Ward. (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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-17 1936

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

22. I HEREBY CERTIFY, That I attended deceased from 9-10-1936 to Sept. 13, 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-23-1935

I last saw him alive on 9-13-1936 Death is said to have occurred on the date stated above, at 11 A. m.
 The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 1 1 14

Colitis Date of onset

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓
 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 ✓

Other contributory causes of importance: ✓
✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Deming Mo

MOTHER FATHER 13. NAME Nudley Henson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Levon

15. MAIDEN NAME Fayek Bishop

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Levon

17. INFORMANT (ADDRESS) Nudley Henson

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Cemetery DATE 9-18-36

19. UNDERTAKER (ADDRESS) W. S. Smith

20. FILED Oct 8 1936 Ada Martin Registrar.

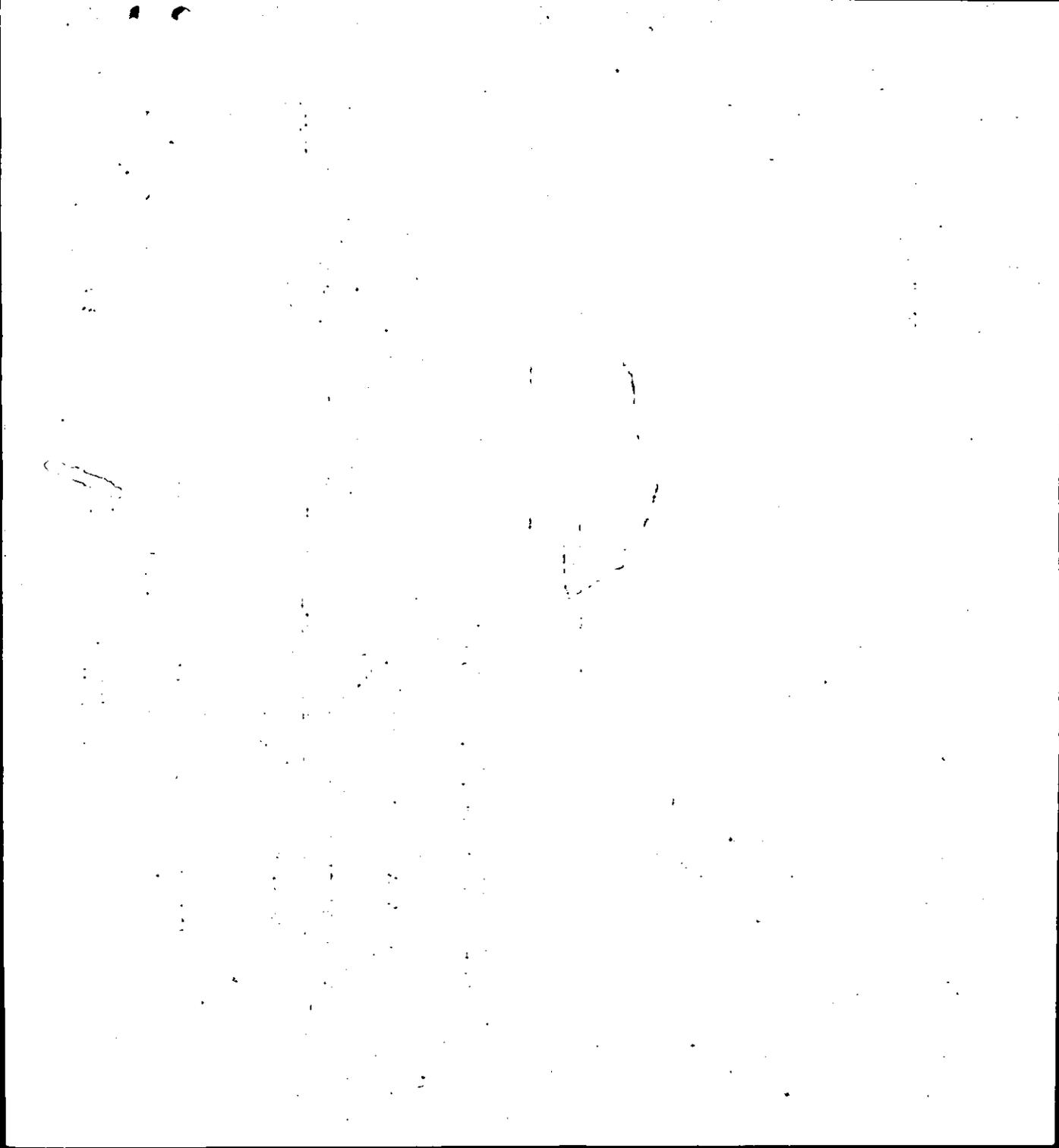
Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury
 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) J. J. Collins M. D.
 (Address) Caruthersville Mo

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S signature and 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**

Do not use this space.

1. PLACE OF DEATH.

County Pemissent Registration District No. 651 File No. _____
 Township Little Prairie Primary Registration District No. 3867 Registered No. 114
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME William Rean Henson

(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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-17, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ or _____ min.
	<u>1</u>	<u>1</u>	<u>14</u>	

Date of onset _____

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 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 _____

Colitis

Other contributory causes of importance: Pneumonia Bronchitis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

Name of operation _____ Date of _____

13. NAME _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide _____ Date of injury _____, 19____

15. MAIDEN NAME _____

Where did injury occur? _____ (Specify city or town, county, and State)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

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

17. INFORMANT (ADDRESS) _____

Manner of injury _____

18. BURIAL, CREMATION, OR REMOVAL

Nature of injury _____

PLACE _____ DATE _____ 19____

24. Was disease or injury in any way related to occupation of deceased? _____

19. UNDERTAKER (ADDRESS) _____

If so, specify _____ (Signed) J. J. Collins, M. D.

20. FILED Nov. 33, 1936 Ada Martin Registrar

(Address) Carrollersville, Mo

COPIES OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

S-35145

RECEIVED
MAY 19 1964