

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**

Do not use this space.

OCT 21 1936

1. PLACE OF DEATH

County ST. CHARLES
Township ST. CHARLES
City ST. CHARLES (No. ST. JOSEPH HOSPITAL)

Registration District No. 757
Primary Registration District No. 3036

File No. 35383
Registered No. 169 St. _____ Ward _____

2. FULL NAME BETTY MARIE HENDERSON

(a) Residence, No. _____ 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 single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 17th 1932

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>3</u>	<u>9</u>	<u>3</u>	

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 _____

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

13. NAME Alfred T. HENDERSON

14. BIRTHPLACE (CITY OR TOWN) PARSONS, KAN. (STATE OR COUNTRY)

15. MAIDEN NAME Ruby J. Martin

16. BIRTHPLACE (CITY OR TOWN) Howell Mo. (STATE OR COUNTRY)

17. INFORMANT Alfred T. Henderson (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Home DATE Sept 21 1936

19. UNDERTAKER Minnie Munching (ADDRESS) Howell Mo.

20. FILED 9/21/36 36 Obenwald Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 20 1936

22. I HEREBY CERTIFY that I attended deceased from Sept 14 36 to Sept 20 36

I last saw him alive on Sept 20 1936. Death is said to have occurred on the date stated above, at 10 a.m.

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

Bacillary Dysentery Date of onset 9/14/36

Other contributory causes of importance _____

Name of operation in clinical system date of _____
What test confirmed diagnosis? _____ as 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) [Signature], M. D.
(Address) [Address]

