WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

FEB 25 1937

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

Do not use this space.

49483

File No. 144

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No.

Township Kaw — Primary Registration District No.

City Kansas City (No. Trinity Hospital St. Ward)

2. FULL NAME Infant Boy Henderson

(a) Residence, No. 3510 E 30th St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 23, 1936

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
0	0	0	

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City, Mo.

FATHER

13. NAME Frank V. Henderson

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

MOTHER

15. MAIDEN NAME Bertha M. Shepherd

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

17. INFORMANT (ADDRESS) Frank V. Henderson, 3510 East 30th Street

18. BURIAL, CREMATION, OR REMOVAL

PLACE Greenlawn DATE Dec. 26, 1936

19. UNDERTAKER (ADDRESS) Freeman Mortuary & Chapel, Kansas City, Missouri

20. FILED 1-2-1937 M M Crowe and Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to Dec. 23, 1936

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 4:24 P.m.

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

	Date of onset
Nephritic toxemia of mother	Oct. 1936

Other contributory causes of importance:

Twin pregnancy

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) [signature], M. D.

(Address) Luthrop Bldg. K. C. Mo.