

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

Do not use this space.

911

FEB 27 1937

1. PLACE OF DEATH
 39 County Green Registration District No. 317
 Township Forest Creek Primary Registration District No. 5437
 City Beckwith (No. _____) St. _____ Ward _____

2. FULL NAME Ida Josephine Hendricks
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 17-1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
67 8 27

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

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) Laura, Texas

13. NAME Robert Smalling

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

15. MAIDEN NAME Olivia Drankle

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

17. INFORMANT (ADDRESS) Mrs. Annie Bruce
1111 2nd

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Kennett DATE 1-14-1937

19. UNDERTAKER (ADDRESS) A P Wallace
Beilings, Mo

20. FILED Jan 13, 1937 Mrs. Bertha Nance
 Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 13, 1937

22. I HEREBY CERTIFY That I attended deceased from Jan 7, 1937 to Jan 13, 1937
 I last saw her alive on Jan 17, 1937. Death is said to have occurred on the date stated above, at 5:20 p.m.
 The principal cause of death and related causes of importance were as follows:
apoplexy Date of onset 1/13/37

Other contributory causes of importance: arterio-sclerosis
fractured hip - refused
fractured pt. Nov. 1936

Name of operation _____ 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 Nov 1936
 Where did injury occur? at home (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. at home

Manner of injury fall
 Nature of injury fractured R. hip

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) R. A. Brown _____, M. D.
 (Address) Beilings, 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.

