

FEB 25 1937

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

Do not use this space.

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1. PLACE OF DEATH

County Jackson Registration District No. 399
Township New Primary Registration District No. 1002
City N. E. Mo. (No. 1012 East 22nd St.) St. _____ Ward _____

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Clyde Morrow Henderson

(a) Residence, No. 1012 E 22nd 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 Male 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 Hester Lorene

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25 1912

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	<u>24</u>	<u>7</u>	<u>7</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 104

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) Kann.

13. NAME Charles M. Henderson

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

15. MAIDEN NAME Nora Warfield

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

17. INFORMANT (ADDRESS) Hester Lorene Henderson
1012 East 22nd St., N. E. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn DATE Jan 4 - 37

19. UNDERTAKER (ADDRESS) Mrs. G. St. Foster
418 Brooklyn Avenue

20. FILED Jan 2 1937 M. M. Groves
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 19, 1936, to Jan 2, 1937

I last saw h. l. m. alive on Jan 2, 1937. Death is said to have occurred on the date stated above, at 9:50 a. m.

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

Pulmonary tuberculosis Date of onset May 1936

Other contributory causes of importance: none

Name of operation none Date of _____

What test confirmed diagnosis? sp. sm. 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 _____

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) J. H. Hoffman, M. D.
(Address) 428 Olive St. St. Louis, 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.

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