

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.

MAR 23 1937

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

Do not use this space.

1. PLACE OF DEATH

County Montgomery  
Township Prater  
City Middletown (No. ....)

Registration District No. 591  
Primary Registration District No. 4349

File No. 7332  
Registered No.       
St. .... Ward)

2. FULL NAME Mary Elizabeth Hendershott

(a) Residence, No. Middletown mo. St. .... Ward.

(If nonresident, give city or town and State)

> Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) NAME OF <u>Robert Morrison Hendershott</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>2/27-1844</u>		
7. AGE	YEARS	MONTHS
	<u>92</u>	<u>4</u>
		DAYS
		<u>16</u>
If LESS than 1 day, ..... hrs. or ..... min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House-wife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Home</u>	
	10. Date deceased last worked at this occupation (month and year).....	11. Total time (years) spent in this occupation..... <u>Life</u>
12. BIRTHPLACE (CITY OR TOWN) <u>Williamsburg New York</u> (STATE OR COUNTRY) <u>Ohio</u>		
FATHER	13. NAME <u>Owen Morgan</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Ohio</u> (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME <u>Miss Mary Elizabeth Morgan</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>    </u> (STATE OR COUNTRY)	
17. INFORMANT <u>A. E. Hendershott</u> (ADDRESS) <u>New Florence Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Middletown</u> DATE <u>Feb. 4</u> 19 <u>37</u>		
19. UNDERTAKER <u>A. E. Hendershott Jr.</u> (ADDRESS) <u>New Florence Mo.</u>		
20. FILED <u>2/3</u> 19 <u>37</u> <u>Reck Bigg</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 4<sup>th</sup> 1937

22. I HEREBY CERTIFY, that I attended deceased from Feb. 4<sup>th</sup> 1937, to Feb. 4<sup>th</sup> 1937

I last saw her alive on Feb. 3<sup>rd</sup> 1937. Death is said to have occurred on the date stated above, at 10:20 a.m.

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

Date of onset

Interstitial Nephritis  
Chronic

Other contributory causes of importance: 131

Pulmonary Embolism

Name of operation..... Date of.....

What test confirmed diagnosis? urinal. 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..... 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) A. E. Hendershott M. D.

(Address) Middletown, Mo.

