

APR 16 1937

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

Do not use this space.

11576

1. PLACE OF DEATH

County Christian 22
Township Polk
City Bellvue

Registration District No. 181
Primary Registration District No. 4107

File No.
Registered No.
St. Ward)

2. FULL NAME

Christene Dorothy Hendrix

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 3 10 am 1937

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 30 1936 to March 3 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 21 1870

I last saw her alive on Mar 3 1937. Death is said to have occurred on the date stated above, at 10.9 m. The principal cause of death and related causes of importance were as follows

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 66 3 10

Carcinoma of uterus (body) Date of onset 1936

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.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

Other contributory causes of importance: AD

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

Name of operation Removal of uterus & ovaries Date of Mar 3 1937
What test confirmed diagnosis? Pathology Was there an autopsy?

13. NAME John Brandt

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.

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

15. MAIDEN NAME Katharine (withers)

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

17. INFORMANT Adolph Koenig (ADDRESS) Bellvue Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's Evangel C. DATE Mar 5th 1937

19. UNDERTAKER A. S. Ballance (ADDRESS) Bellvue Mo

20. FILED Mar 10 1937 F. D. Brown Registrar.

24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) F. D. Brown M. D. (Address) Bellvue 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.

