

APR 26 1937

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

Do not use this space.

13100  
103  
732

## 1. PLACE OF DEATH

County Randolph Registration District No. 732  
Township Moniteau Primary Registration District No. 4437  
City Highmore (No. ...., ..... St. ...., ..... Ward)

File No. ....  
Registered No. ....

2. FULL NAME John Wessly Henderson

(a) Residence, No. .... 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

## MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wilma Henderson</u>		6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>NOV 27 1861</u>		
7. AGE	YEARS <u>75</u>	MONTHS <u>3</u>	DAYS <u>14</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>Liner</u>			
	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.....			

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar-11-1937

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to ..... 19.....  
I last saw E. Coroner on ..... 19..... Death is said

to have occurred on the date stated above, at 9:30 a.m.  
The principal cause of death and related causes of importance were as follows:

Influenza  
Date of onset 3-7-37

Other contributory causes of importance:

Name of operation ..... Date of .....  
What test confirmed diagnosis? Microscopic ..... 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 ..... 11/18

Nature of injury ..... 11/18

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) E. H. Shrader, Coroner, M. D.(Address) Highmore, Mo.

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>
	13. NAME <u>John Henderson</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>
	15. MAIDEN NAME <u>Munice Gray</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>
17. INFORMANT <u>Mrs. John W. Henderson</u> (ADDRESS) <u>Highmore Mo</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>City Cem Highmore</u> DATE <u>March 12, 1937</u>	
19. UNDERTAKER <u>Joe W. Burton</u> (ADDRESS) <u>Highmore Mo.</u>	
20. FILED <u>Apr. 11 1937</u> <u>J. G. Williams</u> Registrar.	

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.

