

APR 27 1937

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

Do not use this space.

13507

## 1. PLACE OF DEATH

 County St. Louis Registration District No. 290  
 Township Clayton Primary Registration District No. 6033e  
 City Clayton (No. ST LOUIS CO. HOSP.) St. Overland Ward Overland

 File No. 58  
 Registered No. 79057
2. FULL NAME Percy W. Hendon
 (a) Residence, No. Canter - Eugene St. Overland Ward Overland  
 (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 Maggie A. Hendon
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 16, 1891
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 45 5 16

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

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

 10. Date deceased last worked at this occupation (month and year) 2-37 11. Total time (years) spent in this occupation 3
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky13. NAME Unknown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "15. MAIDEN NAME "16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "17. INFORMANT Maggie A. Hendon (ADDRESS) R#4 Overland, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Fee Fee Cem. DATE 2-4-37 19.19. UNDERTAKER Bauman Bros. Inc. (ADDRESS) OVERLAND, MO.20. FILED 74 1937 Dray Signorette Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEB. 1 1937

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

to have occurred on the date stated above, at 9:50 P. m.

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

Pneumonia, Lobar,  
acute. Date of onset 1/25/37

Other contributory causes of importance:

108  
Chronic Parenchymatous  
nephritis.
Name of operation None Date of \_\_\_\_\_What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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 7Nature of injury 7

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) J. J. Conell M. D.(Address) Overland St. Louis

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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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