JUN 17 1937

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

Do not use this space.

File No. 19655

Registered No.

1. PLACE OF DEATH
County: Camden
Township: Clevelanger
City: Richland (No. ... St. ... Ward)

Registration District No. 275
Primary Registration District No. 5170 B

2. FULL NAME: Morris Gene Henson

(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

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 9. 1937

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
0	3	8	

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Richland Mo

FATHER
13. NAME: Delbert Henson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Richland Mo

MOTHER
15. MAIDEN NAME: Goldie Powers
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Richland Mo

17. INFORMANT (ADDRESS): Delbert Henson Richland. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt Beer DATE: 5/18 37

19. UNDERTAKER (ADDRESS): R Beerpoot Richland Mo

20. FILED May 28. 1937 Mrs Mae Pool Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 17 1937

22. I HEREBY CERTIFY, That I attended deceased from May 14, 1937, to May 17, 1937
I last saw him alive on May 17, 1937. Death is said to have occurred on the date stated above, at 9.30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	5/10/937

1070

Other contributory causes of importance:
unknown

Name of operation: none Date of
What test confirmed diagnosis? Autopsy 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) Everett A. Oliver, M. D.
(Address) Richland. Mo.