

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

Do not use this space.

JUN 18 1937

1. PLACE OF DEATH
 25 County Osage Registration District No. 213
 Township Osage Primary Registration District No. 3014
 City Jefferson City (No. 1st Marys near) St. _____ Ward _____
 2. FULL NAME Enga May Hendricks
 (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.

File No. 10832
 Registered No. 169

PERSONAL AND STATISTICAL PARTICULARS

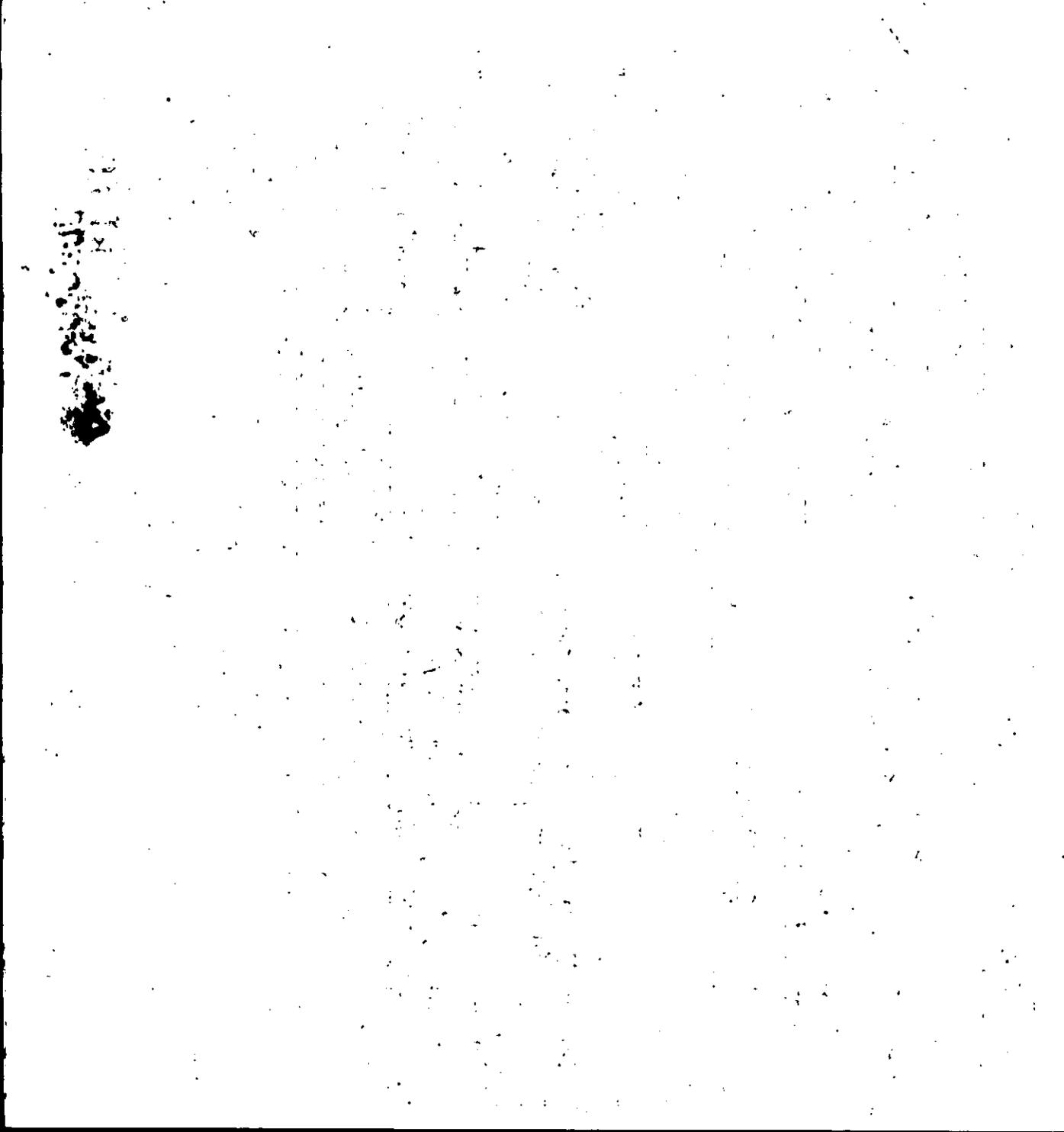
3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alton Hendricks
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-21-1910
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
26 11 23
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
 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) Union, Mo.
 13. NAME Leroy Williams
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union, Mo.
 15. MAIDEN NAME Minnie James
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jabria, Mo.
 17. INFORMANT Alton Hendricks (ADDRESS) Union, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Union, Mo. DATE 5/16 37
 19. UNDERTAKER B. L. Carr (ADDRESS) Jabria, Mo.
 20. FILED 5/13/37 Osage Co. Mo. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May-13-1937
 22. I HEREBY CERTIFY, That I attended deceased from May 12, 1937, to May 13, 1937
 I last saw her alive on May 13, 1937. Death is said to have occurred on the date stated above, at 1:15 a.m.
 The principal cause of death and related causes of importance were as follows:
Thermal burns over 3/4 of body same
 Other contributory causes of importance: none
 Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? no
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? accident Date of injury 5/12-1937
 Where did injury occur? Union, Mo. (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. home
 Manner of injury Can Coal oil exploded
 Nature of injury Burns
 24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) Echo M. Mansel, M. D.
 (Address) Jefferson City Mo

CASE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



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CERTIFICATE OF DEATH**

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1. PLACE OF DEATH

County Cole Registration District No. _____
 Township _____ Primary Registration District No. _____
 City _____ (No. St. Marys Hosp) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13, 1927

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

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 _____ m.

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

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.

Date of onset

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased first worked at this occupation (month and year) _____
 11. Total time (years) spent in this occupation _____

Conflagration

Other contributory causes of importance:

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

13. NAME

Name of operation _____ Date of _____

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

What test confirmed diagnosis? _____ Was there an autopsy? _____

15. MAIDEN NAME

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

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

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS)

Manner of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____, 19____

Nature of injury _____

19. UNDERTAKER (ADDRESS)

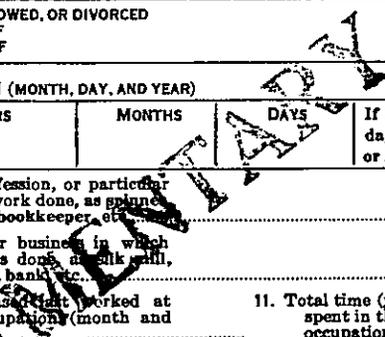
24. Was disease or injury in any way related to occupation of deceased? _____

20. FILED _____, 19____

If so, specify E. E. Manser M. D.
 (Signed) _____
 (Address) Jefferson City Mo

Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



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