

AUG 19 1937

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

Do not use this space.

26704

## 1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph

(No. 323 W. Hyde Park

File No.

Registered No. 792

St. Ward)

## 2. FULL NAME. Asa Claude Hendrix

(a) Residence, No. 323 W. Hyde Park St., Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 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

Palina Hendrix

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 9 1876

7. AGE

60

YEARS

MONTHS

10

DAYS

5

If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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.

Packing Plant

10. Date deceased last worked at this occupation (month and year) Jan. 1937

11. Total time (years) spent in this occupation 20 yrs

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

Trenton Mo

FATHER MOTHER

13. NAME

William Hendrix

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

Unknown

15. MAIDEN NAME

America Arbuckle

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

Unknown

17. INFORMANT

Palina Hendrix

(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

I.O.O.F

DATE 7 15 37

PLACE

DATE

19. UNDERTAKER

(ADDRESS)

Harry Miller

20. FILED

7-15

1937

A. J. Richmond

Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from 3-18, 1937, to 7/14, 1937

I last saw him alive on 7/13, 1937 Death is said

to have occurred on the date stated above, at 2:00 p.m.

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

Myocarditis, Chronic Date of onset 11/57

Other contributory causes of importance:

Arterio-sclerosis ?

Name of operation No. Date of

What test confirmed diagnosis? Phy. exam. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury

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) M. H. Galt

(Address) 508 Corby Bldg. St. Joseph, 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.

