

SEP 15 1937

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

Do not use this space.

1. PLACE OF DEATH
Buchanan

County

Registration District No. 85

File No. 30170

Township St. Joseph

Primary Registration District No. 1007

Registered No. 897

City (No. 6404 Sherman St.)

St. Ward

(William Hendrix)

2. FULL NAME William H. Hendrix

(a) Residence, No. 6404 Sherman St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 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

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Male

White

Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 23, 1863

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

74

2

24

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Retired farmer9. 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) 193211. Total time (years)
spent in this
occupation.12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Douglass County
Missouri

13. NAME William Hendrix

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

15. MAIDEN NAME Lottie Poyner

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Unknown
Unknown17. INFORMANT Ada Rhyer
(ADDRESS) 6404 Sherman St. St. Joseph, Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE City Cemetery DATE Aug. 19, 193719. UNDERTAKER Clark Mortuary
(ADDRESS) 5025 King Hill Ave.20. FILED 8-18 1937 H. J. Nestler
Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 17, 1937 19

22. HEREBY CERTIFY, That I attended deceased from
Aug. 17th 1937, viewed

I last saw h..... alive on..... 19..... Death is said

to have occurred on the date stated above, at 630A

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

Chronic Myocarditis

Date of onset

Other contributory causes of importance: none

Name of operation..... Date of.....

What test confirmed diagnosis? History 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) R. W. Tadlock Coroner, M. D.

(Address) King Hill Bldg

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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