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.

SEP 20 1937

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

Do not use this space.

File No. 30852

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No. 395

Township Sniabar — Primary Registration District No. 5557A

City Blue Springs R.F.D. (No. ... St. ... Ward)

2. FULL NAME Mary L. Hendricks

(a) Residence, No. ... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb-14-1858

7. AGE: Years 79 — Months 4 — Days 28 — If LESS than 1 day, ... hrs. or ... min.

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.: Retired

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): Ohio

FATHER

13. NAME: Henry Curran

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

MOTHER

15. MAIDEN NAME: Barba Rowe

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

17. INFORMANT (ADDRESS): Watson Hendricks, Blue Springs, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Blue Springs DATE: 7-14-37

19. UNDERTAKER (ADDRESS): R B Webb, Blue Springs Mo

20. FILED: July 12 1937 F W Tuttle, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from on July 12, 1937, to ..., 19...

I last saw her alive on July 12, 1937. Death is said to have occurred on the date stated above, at 8:25 P m.

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

Cardiac Decompensation

Date of onset

95B2

Other contributory causes of importance: Arteriosclerosis

Name of operation ... Date of ...

What test confirmed diagnosis? ... 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?

If so, specify

(Signed) F W Tuttle, M. D.

(Address) Blue Springs Mo