SEP 20 1937

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

Do not use this space.

Cook.

30863

1. PLACE OF DEATH
County Jackson — Registration District No. 398 — File No.
Township Blue — Primary Registration District No. 3019 — Registered No. 280
City Independence (No. Independence Sanitarium St. Ward)

2. FULL NAME Hendershot, Sylvia Fay
(a) Residence, No. 207 W. South Side Blvd. 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 28-1937

7. AGE YEARS 0 MONTHS 0 DAYS 0 If LESS than 1 day, 3 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. Child
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) Independence Mo.

FATHER
13. NAME Elvin Emory Hendershot.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Independence Mo.

MOTHER
15. MAIDEN NAME Thelma R. Himes
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Independence Mo.

17. INFORMANT (ADDRESS) Mr Elvin E. Hendershot. 207 W. South Side Blvd.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mound Grove DATE Aug 29 37

19. UNDERTAKER (ADDRESS) Geo. C. Carson Indep. Mo.

20. FILED 8-30-1937 F. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 28, 1937, to ——, 19
I last saw her alive on Aug. 28 1937 Death is said to have occurred on the date stated above, at 1400 p.m.
The principal cause of death and related causes of importance were as follows:

Premature Birth

Date of onset

Other contributory causes of importance:

159

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. L. Cook, M. D.
(Address) Independence 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.