OCT 18 193

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan, Registration District No. 85 File No. 33705
Township Primary Registration District No. 1001 Registered No. 1014
City St. Joseph, (No. 2017 Sylvanie St. Ward)

2. FULL NAME Maggie Henderson
(a) Residence, No. 2017 Sylvanie 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: Female
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8/1/'53.

7. AGE: YEARS 84 MONTHS 1 DAYS 17 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
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) Baton Rouge, La.

FATHER
13. NAME John Chambers,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La.

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs. Harry Bell 2017 Sylvanie

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Mora, Cem. DATE 9/21/'37. 19

19. UNDERTAKER (ADDRESS) Graves Funeral Home. 806 S. 17th.

20. FILED 9/21, 1937 H J Hettebush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/18/'37. 19

22. I HEREBY CERTIFY, That I attended deceased from May 7 1937, to Sept 18, 1937
I last saw her alive on Sept. 17, 1937 Death is said to have occurred on the date stated above, at 9:00 A. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General Paralysis with Cerebral Hemorrhage	9-17-37
Other contributory causes of importance: Intestinal Colitis	6-2-37

Name of operation — Date of
What test confirmed diagnosis? None 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) J. D. Sexton, M. D.
(Address) 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.