

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

Do not use this space.

OCT 18 1937

33817

1. PLACE OF DEATH
 County Caldwell Registration District No. 95
 Township Lincoln Primary Registration District No. 5141
 City Cowgill (No. _____) St. _____ Ward _____

2. FULL NAME Mary Ellen Hendrix
 (a) Residence, No. _____ St. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James H. Hendrix
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 23 - 1863
 7. AGE YEARS 74 MONTHS 0 DAYS 21 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 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) Ray Co. Mo.
 MOTHER 13. NAME Jasper Barber
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 15. MAIDEN NAME Fannie Leabo
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 17. INFORMANT M. E. Hendrix
 (ADDRESS) Cowgill Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Burial DATE 9-15
 19. UNDERTAKER Ch. J. H. H. H.
 (ADDRESS) Cowgill Mo.
 20. FILED 9/20 1937 Mrs. M. D. Forbes
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 14 1937
 22. I HEREBY CERTIFY, That I attended deceased from Sept 11 1937 to Sept 14 1937
 I last saw her alive on Sept 13 1937. Death is said to have occurred on the date stated above, at 1-200
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset _____
820
 Other contributory causes of importance:
Arterio Sclerosis
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 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) O. C. Kilbourn M. D.
 (Address) Cowgill, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

