

JAN 15 1938

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

Do not use this space.

1. PLACE OF DEATH

14 County Callaway  
2 Township Shelton  
7 City Shelton (No. .... St. .... Ward)

Registration District No. 104  
Primary Registration District No. 3008

File No. 44891  
Registered No. 285

2. FULL NAME

Etta F. Hendren  
(a) Residence, No. State Hospital No. 1 St. .... Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 2 mos. 15 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) married

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

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

7. AGE YEARS 64 MONTHS D.K. DAYS D.K. If LESS than 1 day, .... hrs. or .... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home wife  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235  
10. Date deceased last worked at this occupation (month and year) Sept. 1935 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion County, Mo.

FATHER 13. NAME D.K.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K.

MOTHER 15. MAIDEN NAME D.K.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K.

17. INFORMANT E. B. Hendren (ADDRESS) D.K.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hazlewood, Mo. DATE Dec 5, 1937

19. UNDERTAKER Wm. H. Heald (ADDRESS) Shelton, Mo.

20. FILED Dec 6, 1937 R. M. Orms Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1937, to Dec 5, 1937

I last saw him/her alive on Dec 5, 1937 Death is said to have occurred on the date stated above, at 11:50 a.m.

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

Fracture of R. Hip  
Abscess of R. Hip

Date of onset 9/7/37  
11/5/37

Other contributory causes of importance 186a

Name of operation none Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accident Date of injury 9/17, 1937

Where did injury occur? State Hospital, Fulton, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. in State Hospital

Manner of injury Pt. fell out of bed and broke R. hip

24. Was disease or injury in any way related to occupation of deceased? no.

If so, specify .....

(Signed) Philip D. Orms M. D.  
(Address) Fulton, 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.

