

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.

JAN 20 1938

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

Do not use this space.

1. PLACE OF DEATH

County MONROE
Township
City HOLLIDAY (No. _____)

Registration District No. 578
Primary Registration District No. 4940

File No. 46102
Registered No. _____
St. _____ Ward _____

2. FULL NAME W. HENRY HENDERSON,

(a) Residence, No. Holliday rd 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

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV. 17, 1867
7. AGE YEARS 70 MONTHS 0 DAYS 27 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. MERCHANT
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) MONROE CO., Mo.

13. NAME JOHN HENDERSON,

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

15. MAIDEN NAME MARY TILLET

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

17. INFORMANT Mrs. W. H. HENDERSON, (ADDRESS) HOLLIDAY, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE HOLLIDAY, MO DATE DEC. 15, 1937

19. UNDERTAKER SPEED & BLAKEY (ADDRESS) PATIS, MO.

20. FILED 12-17-37 1937 _____ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DEC. 14 1937
22. I HEREBY CERTIFY, That I attended deceased from DEC 3 1937 to DEC 14 1937. I last saw him alive on DEC 12 1937. Death is said to have occurred on the date stated above, at 12:35 A.M.

The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage with hyperextension
Other contributory causes of importance: Dilated Stomach with hyperextension
Date of onset 3/15/37

Name of operation _____ Date of _____
What test confirmed diagnosis? Cerebral 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? no
If so, specify _____
(Signed) W. H. Payne M. D.
(Address) PATIS, MO.

