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.

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

Do not use this space.

File No. 3540

Registered No.

1. PLACE OF DEATH
County New Madrid
Township Como
City (No. , St. Ward)

Registration District No. 605
Primary Registration District No. 4359

2. FULL NAME Henderson Rose 200

(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

3. SEX: M
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Elizabeth Rose

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 14, 1892

7. AGE: Years 45 | Months 10 | Days 24 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
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): Jackson, Miss

FATHER
13. NAME: John Rose
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Miss

MOTHER
15. MAIDEN NAME: Mary Jones
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Miss

17. INFORMANT (ADDRESS): Fannie Thompson, Parma, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Catron DATE 1-8, 1938

19. UNDERTAKER (ADDRESS): none

20. FILED 1-7, 1938 Dr. Geo W Justice
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-7, 1938

22. I HEREBY CERTIFY, That I attended deceased from I did not 19 to see deceased, 19
I last saw h alive on Death is said to have occurred on the date stated above, at 8 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
County Coroner away. Aviatory Man seemed as well as ever. Fell dead while picking Cotton	
Diagnosis: Poss. cerebral hemorrh. Poss. Cardiac condition	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? History 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) Geo W Justice, M. D.
(Address) Local Registrar Parma, Mo

5-4

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