

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

REC'D APR 15 1938

1. PLACE OF DEATH
48 County Jackson Registration District No. 398
5 Township Blair Primary Registration District No. 3019
City Independence (No. St. Ward)

2. FULL NAME Henderson Rufus Southard 363
(a) Residence, No. 301 N. Main St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 3 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 10961
Registered No. 69

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 20 1913
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
24 0 8

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 1 1938
22. I HEREBY CERTIFY, That I attended deceased from Feb 23 1938, to March 1 1938
I last saw him alive on March 1 1938 Death is said to have occurred on the date stated above, at 7:45 a.m.
The principal cause of death and related causes of importance were as follows:

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

Router, yellow atrophy of the liver Date of onset about Feb. 1938

MOTHER
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buckner Missouri
13. NAME Mark L. Southard
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buffalo Missouri
15. MAIDEN NAME Hazel Charlton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buckner Missouri

Other contributory causes of importance: 12.5W
No others known
First had a slight cold with sore throat then hoarseness, vomiting, jaundice & loss of appetite & etc.
Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy? Yes
Plues, kidney biopsy & pancreas

MOTHER FATHER
17. INFORMANT (ADDRESS) Mark Southard, Jr. Independence
18. BURIAL, CREMATION, OR REMOVAL PLACE Buckner DATE March 3 1938
19. UNDERTAKER (ADDRESS) J. M. Depert Buckner Missouri
20. FILED 3-16-1938 J. R. Cook Registrar.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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. no injury
Manner of injury no injury
Nature of injury no injury
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify toxic history
(Signed) Ed Haller M. D.
(Address) Independence Mo

