

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.

13849

1. PLACE OF DEATH
Jackson

County... Kaw

Township... Kansas City

City... (No. ...) St Marys Hospital

Registration District No. 355

Primary Registration District No. 1002

File No.

Registered No. 1829

St. ... Ward)

2. FULL NAME Albert Mahlon Henderson 536
119 West 39th St

(a) Residence, No. ... St. ... Ward. ... (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 Single (Write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 3, 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
7 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
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 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fort Scott, Kas 0

FATHER 13. NAME Albert Henderson 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris, Mo

MOTHER 15. MAIDEN NAME Bernadette Rosenburg

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fort Smith, Ark

17. INFORMANT Albert Henderson (ADDRESS) 119 West 39th St,

18. BURIAL, CREMATION, OR REMOVAL PLACE St Louis, Mo DATE May 1, 1938

19. UNDERTAKER Sheehan Funeral Home (ADDRESS) 4516 Froost Ave.

20. FILED May 1, 1938 M. M. Cronin Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 27, 1938, to April 30, 1938

I last saw him alive on April 30, 1938, at 4:45 P.M. Death is said to have occurred on the date stated above, at ... m.

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

Purulent Meningitis (B. Influenza) 11 B

Date of onset

Other contributory causes of importance:

Name of operation No spinal fluid culture Date of ...
What test confirmed diagnosis? Was there an autopsy? yes

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

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 Hugh L. Dwyer M. D.

(Address) 315 Alameda Rd. K.C., Mo

1944

1945

1946

1947

1948

1949

1950