

REC'D MAY 20 1938

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

Do not use this space.

15119

1. PLACE OF DEATH

County Jennett Registration District No. 477
 Township Canon Primary Registration District No. 4286
 City Canon (No. 1) St. 536 Ward 28

2. FULL NAME

Lillian Irene Henderson
 (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 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 Virgil Henderson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 28 - 1903

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
32 11 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

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) April 22 - 38 11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clark Co Mo

13. NAME John H. Kattler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotts Bl Co Mo

15. MAIDEN NAME Nancy L. Wadrop

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clark Co Mo

17. INFORMANT Virgil Henderson
(ADDRESS) Canon Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Canon Mo DATE 4-29 1938

19. UNDERTAKER W. S. Kelly
(ADDRESS) Canon Mo

20. FILED Apr 29 1938 H. W. Harris
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 24, 1938 to April 27, 1938
 I last saw her alive on April 27, 1938 Death is said to have occurred on the date stated above, at 5:4 m.

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

Purpura fulminans
in Child birth club
uterine infarct

Other contributory causes of importance: 149 B-

Name of operation _____ Date of _____

What test confirmed diagnosis? Septic 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 _____, 1938

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) D. Phillips M. D.

(Address) Canon Mo

4:30

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.

