

REC'D JUN 16 1938

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

Do not use this space.

1. PLACE OF DEATH

County Franklin
Township Bethel
City Center Mo (No.)

Registration District No. 230
Primary Registration District No. 4140

18113
File No.
Registered No.
St. Ward)

2. FULL NAME

(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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 8-1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 9 9

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Doctor

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iron County Mo13. NAME Herry Henderson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Co Mo15. MAIDEN NAME Etha Adams16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iron Co Mo17. INFORMANT (ADDRESS) Marion Henderson18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill Cem DATE 7/21-193819. UNDERTAKER (ADDRESS) L. J. Jones20. FILED May 3, 1938 P. G. A. Ferguson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/19-1938

22. I HEREBY CERTIFY, That I attended deceased from

, 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 7:15 A.M.

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

Date of onset

Heart failure

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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) Harold M. Jones(Address) St. Charles Mo

2003

R.M.
and