

REC'D JUN 17 1938

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

Do not use this space.

19175

1. PLACE OF DEATH

County Pettis
Township Adelia
City Adelia

Registration District No. 668
Primary Registration District No. 3032
(No. 1758, Marshall)

File No. 163
Registered No. 668
St. _____ Ward _____

2. FULL NAME

William P. Henderson 536

(a) Residence No. 175 Marshall St., _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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) widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19 1938

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

22. I HEREBY CERTIFY, That I attended deceased from May 1 1938 to May 19 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6 1855

I last saw h. alive on May 19 1938 Death is said to have occurred on the date stated above, at 10 P.M. m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82. 10 13

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

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

Cardio-nephritis 7

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) 1929
11. Total time (years) spent in this occupation _____

Other contributory causes of importance: Aspirin

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper County, Missouri

Influenza 19 days

13. NAME Robert Henderson

Name of operation none Date of _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

What test confirmed diagnosis? Funduscope an autopsy?

15. MAIDEN NAME Mahinga Wasson

23. If death was due to external causes (violence), fill in also the following:

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

Accident, suicide, or homicide? ✓ Date of injury _____, 19 _____

17. INFORMANT (ADDRESS) Mrs. Maman Adelia Mo

Where did injury occur? ✓ (Specify city or town, county, and State)

18. BURIAL, CREMATION, OR REMOVAL

Specify whether injury occurred in industry, in home, or in public place.

PLACE Crown Hill DATE 5-21-1938

Manner of injury ✓

19. UNDERTAKER (ADDRESS) Mc Laughlin Bros Adelia

Nature of injury ✓

20. FILED 5-20-1938 Jean Black Registrar.

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify Dr. B. Charles M. D. (Signed) 314 Ohio Adelia Mo (Address) 5/20/38

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCASION is very important.

668

