REC'D JUL 17 1938

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

Do not use this space.

1. PLACE OF DEATH
County: Lafayette
Registration District No.: 464
Primary Registration District No.: 4277
File No.: 22262
Registered No.:
Township:
City: Near Odessa (No. 5627, St. 536 Ward)

2. FULL NAME: Ella 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: 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fe
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 6, 1876

7. AGE: Years 61 | Months 6 | Days 12 | If LESS than 1 day, ... hrs. or ..... min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Waverly, Mo.

FATHER
13. NAME: John Dixon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER
15. MAIDEN NAME: Jane Hix
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

17. INFORMANT (ADDRESS): George Henderson, Odessa, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Waverly, Mo. DATE: June 20, 1938

19. UNDERTAKER (ADDRESS): L.C. Husman, Odessa, Mo.

20. FILED: 6/19, 1938. Mrs E. M. Gordon, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 18, 1938

22. I HEREBY CERTIFY That I attended deceased from April 16, 1933, to June 17, 1938, I last saw h. alive on June 17, 1938. Death is said to have occurred on the date stated above, at 6:30 m.

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

Pulmonary tuberculosis and Diabetes mellitus

Date of onset

Other contributory causes of importance: Cardiac decompensation

Name of operation: Laboratory Date of
What test confirmed diagnosis? Was there an autopsy? No

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? No
If so, specify

(Signed) C. Selvaggy M. D.
(Address) Odessa Mo.

FEB 1 1965