

REC'D OCT 18 1938

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

Do not use this space.

1. PLACE OF DEATH

County SullivanRegistration District No. 853File No. 33510Township ClayPrimary Registration District No. 6116Registered No. 16

City

No.

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

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

Female

4. COLOR OR RACE

White

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

Mar

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

SAH Henderson

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

Nov 24 1862

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day,hra. ormin.

75101

OCCUPATION

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)

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Mo.

13. NAME

James R. Kinney

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

Virginia

15. MAIDEN NAME

Susan M. Perkins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Missouri

17. INFORMANT (ADDRESS)

E. M. Henderson Harris Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Harris Mo Cem. DATE Sept 26 1938

19. UNDERTAKER (ADDRESS)

Judd & Payne newton Mo Fall Mo

20. FILED

Sept. 27 1938 Mrs Ruth Tucker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 25 193822. I HEREBY CERTIFY That I attended deceased from Sept 16 1938 to Sept 25 1938I last saw her alive on Sept 25 1938. Death is saidto have occurred on the date stated above, at 3:45 A.M.

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

Chronic Valvular heartOther contributory causes of importance: AD

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 US Bradley (Signed) _____ M. D.768 (Address) Harris Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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RECEIVED

District Health Officer No. 10

District File Number 10-38-398

Date Filed 10-6-38