

1938

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

Do not use this space.

37138

1. PLACE OF DEATH

County North
Township Middlefork
City North (No. 5316)

Registration District No. 90311172
Primary Registration District No. 6213

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

James Franklin Hendrickson

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

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 9, 1872
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 66 0 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
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) Sept. 1937 11. Total time (years) spent in this occupation life

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

MOTHER 13. NAME James M. Hendrickson

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

15. MAIDEN NAME Hattie Zarate

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

17. INFORMANT (ADDRESS) Albert Hendrickson
Grand City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Grand City, Mo. DATE Oct. 10, 1938

19. UNDERTAKER (ADDRESS) Archie C. Dunfee
Grand City, Mo.

20. FILED 11-4 19. 38 Fred Mull Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/8, 1938

22. I HEREBY CERTIFY, that I attended deceased from August 15, 1938 to Oct 5, 1938
I last saw him alive on Oct 3, 1938. Death is said to have occurred on the date stated above, at 2:15 A. M.
The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia
Cardio Renal
disease with unknown
Hypertension

Other contributory causes of importance: hypertension

Name of operation _____ Date of _____
What test confirmed diagnosis? autopsy 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? NO
If so, specify _____
(Signed) O. E. Fullerton, M. D.
(Address) Redding, Ark

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.

