

DEC 19 1938

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

Do not use this space.

39265

1. PLACE OF DEATH

41 County N Harrison 2 Registration District No. 334
Township Rolling 1 Primary Registration District No. 4197
City Rolling (No. _____) St. _____ Ward _____

File No. _____
Registered No. 64

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) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) Rosa Hendren
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-26-1892
7. AGE YEARS 66 MONTHS 3 DAYS 21 If LESS than 1 day, _____ hrs. _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Veterinarian
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) Harrison Co Mo.
13. NAME Geo. W. Hendren
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
15. MAIDEN NAME Isabella A Kelly
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.
17. INFORMANT Rosa Hendren (ADDRESS) Rolling Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Marshall High DATE Oct 19 1938
19. UNDERTAKER (ADDRESS) S. W. Haas
20. FILED 11-9-38 1938 Rolling Mo Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 17, 1938
22. I HEREBY CERTIFY, That I attended deceased from _____, 1938, to 10-17, 1938
I last saw him alive on 10-17, 1938. Death is said to have occurred on the date stated above, at 6:00 p.m.
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage Date of onset 2-6-38
Other contributory causes of importance: SSA!

Name of operation none Date of _____
What test confirmed diagnosis? none 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 occupations of deceased? No
If so, specify _____
(Signed) W. F. Proyer, M. D.
(Address) Bethany Mo
302

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.

RECEIVED BY THE DIRECTOR OF THE BUREAU OF THE CENSUS

UNITED STATES DEPARTMENT OF COMMERCE

WASHINGTON, D. C. 20540

DATE: 10/15/54

TIME: 10:30 AM

PLACE: NEW YORK

TO: DIRECTOR, BUREAU OF THE CENSUS

FROM: SAC, NEW YORK

SUBJECT: [Illegible]

RE: [Illegible]

10/15/54

10:30 AM

NEW YORK

DIRECTOR, BUREAU OF THE CENSUS

SAC, NEW YORK

[Illegible]

[Illegible]