

GEN DEC 1 9 1938

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

Do not use this space.

1. PLACE OF DEATH

County Jacobs
Township Benton
City St. Louis (No., St. Ward)

Registration District No. 608
Primary Registration District No. 6264

File No. 39918
Registered No. 40

2. FULL NAME

Melba Ann 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 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 4, 1890

7. AGE YEARS 58 MONTHS 1 DAYS 15 If LESS than 1 day, hrs. or min.

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

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

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

22. I HEREBY CERTIFY, That I attended deceased from Nov 6, 1938 to Nov 18, 1938
I last saw her alive on November 18, 1938 Death is said to have occurred on the date stated above, at 1:50 pm.
The principal cause of death and related causes of importance were as follows:
Intestinal Obstruction Date of onset Nov 2

Other contributory causes of importance:
Ovarian cyst 1928

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benton Co Mo

13. NAME G. B. Fisher

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

15. MAIDEN NAME Thelma Jane Lewis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Union W Va

17. INFORMANT, Mrs L J Brown (ADDRESS) 1841 S Grand St St Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE Brown Cemetery DATE Nov 20 1938

19. UNDERTAKER James Thurman (ADDRESS) 424 S. 1st St St Louis

20. FILED Nov. 29, 1938 Ada Collings Registrar

Name of operation 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 Cholelithiasis M. D. O.
(Signed) Chas O. Chas
(Address) Granby, Mo

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

District Health Officer No. 3,

District File Number 6-38-776

Date Filed DEC 1 4 1938