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

Do not use this space.

44158

File No. 14

Registered No.

1. PLACE OF DEATH
County Pike
Township Indian
City (No. , St. Ward)

Registration District No. 686
Primary Registration District No. 5914

2. FULL NAME Laudonia J 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

3. SEX: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 31 1856

7. AGE: Years 82 | Months 8 | Days 15 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Pike Co Mo

FATHER
13. NAME Robert Stern
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mont Kuoc

MOTHER
15. MAIDEN NAME Martha Martin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mont Kuoc

17. INFORMANT Mrs Ernest Goodman
(ADDRESS) Curryville Mo

18. BURIAL, CREMATION, OR REMOVAL Antioch Cemetery DATE 12 18 1938

19. UNDERTAKER Grace Banfield
(ADDRESS) Bowling Green Mo

20. FILED 12/18 1938 Bruce E Hendrix Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/15 1938

22. I HEREBY CERTIFY, That I attended deceased from 12/15 1938 to 12/15 1938
I last saw her alive on 12/15 1938 Death is said to have occurred on the date stated above, at 1-30 p m.
The principal cause of death and related causes of importance were as follows:

Cardiac Thrombosis — Date of onset

Other contributory causes of importance:

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
(Signed) J. M. Mathews, M.D.
(Address) Bowling Green 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. 10
District File Number 10-38-944
Date Filed 2/11/39