DEC'D FEB 21 1939

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

Do not use this space.

1. PLACE OF DEATH
County Audrain — Registration District No. 26 — File No. 1481
Township Salt River — Primary Registration District No. 3002 — Registered No. 6
City Mexico Mo (No. ..... St. ..... Ward)

2. FULL NAME 53 Julia ~~Henderson~~ Jewett Henderson
(a) Residence, No. Short Harrison St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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 Male
4. COLOR OR RACE Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-5-38
7. AGE YEARS MONTHS 2 DAYS 9 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0
10. Date deceased last worked at this occupation (month and year) 0
11. Total time (years) spent in this occupation 0

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

FATHER
13. NAME Jewett Henderson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mexico Mo

MOTHER
15. MAIDEN NAME Frances Bell Scott
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fulton Mo

17. INFORMANT (ADDRESS) Jewett Henderson Mexico Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood DATE 1-16 1939
19. UNDERTAKER (ADDRESS) A. L. Reynolds Jr Mexico Mo
20. FILED 1-16 1939 B. Planche Neely Registrar. 23

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 15, 1939
22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1939, to Jan 15, 1939
I last saw him alive on Jan 15, 1939. Death is said to have occurred on the date stated above, at 12 30 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	Jan 11 39
10 M	
Other contributory causes of importance:	
Upper respiratory infection	Jan 3 39
Bilateral otitis media	

Name of operation none Date of
What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? none Date of injury —, 19
Where did injury occur? none (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) Harry F. Owen, M. D.
(Address) Mexico Missouri

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
File Number 10-39-44
FEB 9 1939
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