

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

Do not use this space.

2419

41 1. PLACE OF DEATH ^{JAN 5 1939} *Harrison* Registration District No. *338*
County *Harrison* Primary Registration District No. *5479*
Township *Adams* St. _____ Ward _____
City *536 Robert Lee Henderson* (No. _____) St. _____ Ward _____
2. FULL NAME *Robert Lee 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 *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *none*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *1-16-1939*
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *0 0 0 0 0*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *1-16-1939*
22. I HEREBY CERTIFY, That I attended deceased from *Stillborn* to *1-16*, 19*39*
I last saw h. *Stillborn* alive on *Stillborn*, 19*39*. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Stillborn Date of onset _____

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.
10. Date deceased last worked at this occupation (month and year) *near Stillborn Mo*
11. Total time (years) spent in this occupation _____

Other contributory causes of importance: _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Harrison County Mo*
13. NAME *Gerald Henderson*
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Do not know Mo*

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.

MOTHER 15. MAIDEN NAME *Carolyn Neill*
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Darwin Co. Mo*
17. INFORMANT *Sherman Neill* (ADDRESS) *Bellevue Mo*

Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) *C. M. Cusper D.O.*
Bellevue Mo (Address) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE *antioch* DATE *1-17-1939*
19. UNDERTAKER (ADDRESS) *S. M. Heath*
20. FILED *Jan 21 1939* *J. Clephane* Registrar.

356 (Address) _____

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.

