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.

MAY 22 1939

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

Do not use this space.

15375

1. PLACE OF DEATH

57 County Lincoln | Registration District No. 452 | File No. 23

Township Monroe | Primary Registration District No. 5652 A | Registered No.

City Old Monroe (No. , St. Ward)

2. FULL NAME 536 Eugenia Hendricks

(a) Residence, No. Old Monroe St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 16 yrs. 9 mos. 23 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): single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 18, 1922

7. AGE: Years 16 | Months 9 | Days 23 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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): Old Monroe Mo

FATHER

13. NAME: Anton Hendricks

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Old Monroe Mo

MOTHER

15. MAIDEN NAME: Frances Hoelting

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Old Monroe Mo

17. INFORMANT (ADDRESS): Mrs. Francis ~~Hoelting~~ Hendricks Old Monroe Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Old Monroe DATE 4-14 1939

19. UNDERTAKER (ADDRESS): Wilde & Kathly Old Monroe Mo

20. FILED 4/13 1939 P. E. Neunlist Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from 4-1, 1939, to 4-11, 1939

I last saw her alive on 4-11, 1939 Death is said to have occurred on the date stated above, at 9:30 A.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia (Lobar)

Date of onset

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Physical 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

(Signed) P. E. Neunlist, M. D.

(Address) Old Monroe Mo