

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.

Miss J. P. Cole
 FILED MAY 13 1941

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

Do not use this space.

15425

1. PLACE OF DEATH
 County Pemiscot Registration District No. 1102
 Township Posement Primary Registration District No. 5870
 City Posement St. _____ Ward _____

2. FULL NAME Hizikah Henderson Jr.
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) Posement Mo. (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 Male 4. COLOR OR RACE Cal 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) Feb 12 24

| | | | | |
|--------|----------|--------|----------|--|
| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, _____ hrs. or _____ min. |
| | <u>2</u> | | <u>6</u> | |

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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wardell

13. NAME Hizikah Henderson Sr.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wk

15. MAIDEN NAME Gladys Brown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

17. INFORMANT Fisher
 (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Wardell DATE 2-19-1941

19. UNDERTAKER Berman 2nd. Co.
 (ADDRESS) St. Louis, Mo.

20. FILED May 5 1941 Miss J. P. Cole
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 18 1941

22. I HEREBY CERTIFY, That I attended deceased from Feb 15 1941, to Feb 15 1941.
 I last saw him alive on Feb 15 1941. Death is said to have occurred on the date stated above, at 10:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Broncho pneumonia
 Date of onset 3da

Other contributory causes of importance: None

Name of operation _____ Date of _____
None

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) H. J. Fisher M. D.
 (Address) Highway 700

5-41-18