

APR 18 1936

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

Do not use this space.

1. PLACE OF DEATH

County Henry
Township Big Creek
City (No)

Registration District No. 358
Primary Registration District No. 5503

File No. 10329
Registered No. 6
St. _____ Ward _____

2. FULL NAME

Charles Fay Hendricks

(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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Grove Hendricks</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 12 - 1863</u>		
7. AGE YEARS <u>72</u>	MONTHS <u>4</u>	DAYS <u>15</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Pettus Co., Mo.13. NAME
James M. Hendricks14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Missouri15. MAIDEN NAME
Mary Brooks

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

17. INFORMANT
Brody Hendricks
(ADDRESS)18. BURIAL, CREMATION, OR REMOVAL
PLACE Norin Ben, DATE Mar 18, 193619. UNDERTAKER
Fred Williams
(ADDRESS)20. FILED Mar 30, 1936
E. G. Hilder
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-16, 193622. I HEREBY CERTIFY, That I attended deceased from Mar 8, 1936, to Mar 16, 1936I last saw him alive on Mar 16, 1936. Death is said to have occurred on the date stated above, at 11 A. m.

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

Robert Pneumonia

Date of onset

Other contributory causes of importance
Cardiac Decompensation

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? no
If so, specify _____(Signed) A. B. Smith, M. D.(Address) 22nd St

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.

