

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

Do not use this space.

17313

1. PLACE OF DEATH

County Burkham

Registration District No.

85

File No.

Township St. Joseph

Primary Registration District No. 1001

Registered No. 611

City St. Joseph (No. 2019 Washington Ave. St. 1st Ward)

2. FULL NAME

Sissay Henderson

(a) Residence. No. Union Star, Mo. St., Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 da.

How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

J. J. Henderson

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Feb. 26, 1882

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>47</u>	<u>2</u>	<u>14</u>	

8. OCCUPATION OF DECEASED

- (a) Trade, profession, or particular kind of work
- (b) General nature of industry, business, or establishment in which employed (or employer)
- (c) Name of employer

Housewife

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Nebraska

10. NAME OF FATHER

Henry Miller

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Montezuma, Iowa

12. MAIDEN NAME OF MOTHER

Eliza Stevens

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Keosauqua, Iowa

14.

INFORMANT J. J. Henderson
(Address) Union Star, Mo. #R1

15.

MAILED 10 1929
John G. [Signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

May 10, 1929

17.

I HEREBY CERTIFY, That I attended deceased from Dec 1

1929 to May 10 1929
that I last saw her alive on May 10 1929, and that death occurred, on the date stated above, at 1:10 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS

Carcinoma Liver

CONTRIBUTORY (SECONDARY)

44 B yrs. 6 mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF.....
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS.

(Signed) E. M. Reynolds M. D.

510, 1929 (Address) Union Star Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Union Star Cemetery 5/13, 1929

20. UNDERTAKER

ADDRESS

H. Wilson King City,

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.

JUN 24 1929
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