WHITE 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.

APR 21 1931

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

Do not use this space.

9189

1. PLACE OF DEATH
County Clay — Registration District No. 198 — File No.
Township Fishing River — Primary Registration District No. 3011 — Registered No. 37
City Excelsior Springs, Mo. (No. U. S. Veterans Hospital St. 3rd Ward)

2. FULL NAME HENDRIX, Arthur W.
(a) Residence. No. U.S.V.H.Excelsior Springs, Mo. Ward. 101 N.Francis St., Excelsior Springs, Mo.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 27 yrs. 0 mos. 0 hrs. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
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: unknown

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct. 14, 1894

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
36	5	12	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Barbecue stand proprietor
(b) General nature of industry, business, or establishment in which employed (or employer): " " "
(c) Name of employer: none

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: Isaac Bradford Hendrix
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Missouri
12. MAIDEN NAME OF MOTHER: Clara Francis Green
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Nebraska

14. INFORMANT: Hospital Records
(Address) U.S.V.H. Excelsior Springs, Mo.

15. FILED 3/26, 1931 Y. D. Crowen REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 26, 1931

17. I HEREBY CERTIFY, That I attended deceased from 10AM March 26, 1931, to 9:PM 3-26-31, that I last saw him alive on March 26, 1931, and that death occurred, on the date stated above, at 9:00 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
lobar pneumonia right
unknown (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): nephritis paranchymatous chr
unknown (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? unknown
DID AN OPERATION PRECEDE DEATH? no. DATE OF none
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? examination
(Signed) Garrett V. Johnson, M. D.
3/26, 1931 (Address) GARRETT V. JOHNSON USVH Excelsior Springs, 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: Crown Hill Cemetery Ex. Yg. Mo.
DATE OF BURIAL: 3-28-31

20. UNDERTAKER: Herbert Hope
ADDRESS: Excelsior Springs Mo