

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.

MAR 24 1934

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

Do not use this space.

5900

1. PLACE OF DEATH

County Nodaway.
Township Whitecloud.
City..... (No..... St..... Ward.....)

Registration District No. 617
Primary Registration District No. 5818

File No.....
Registered No. 5
St..... Ward.....

2. FULL NAME John Thomas Henderson

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 29, 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 4 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Clinton Co. Mo.

FATHER 13. NAME Hickman Hendreson

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

MOTHER 15. MAIDEN NAME Nancy Cox.

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

17. INFORMANT Effie Henderson (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL Barnard Mo.
PLACE Graham Mo. DATE 2-18, 1934

19. UNDERTAKER Price Fur. Co. (ADDRESS)

20. FILED 7/17, 1934 Cha D. Humber Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 31, 1934, to Feb 16, 1934

I last saw him alive on Feb 15, 1934 Death is said

to have occurred on the date stated above, at 11:50 a.m.

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

Date of onset

Pneumo - Broncho - Pneumonia

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? Clinical 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?.....

If so, specify

(Signed) H. M. Haller Jr, M. D.

(Address) Maryville Mo

