

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.

NOV 9 1934 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

40524

1. PLACE OF DEATH
County St. Francois Registration District No. 274
Township St. Francois Primary Registration District No. 6018B
City Osceola Mo. No. _____ St. _____ Ward _____

File No. 134
Registered No. _____

2. FULL NAME Geo. Henderson
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF <u>Mrs. Geo. Henderson</u> OR WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1869-2-30</u>		
7. AGE <u>65</u>	YEARS	MONTHS <u>0</u>
		DAYS <u>1</u>
		IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>9. H. for lead</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>mine</u>	
	10. Date deceased last worked at this occupation (month and year) <u>7/21</u>	11. Total time (years) spent in this occupation <u>20</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Madison Co. Mo.</u>		
FATHER	13. NAME <u>James Henderson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
MOTHER	15. MAIDEN NAME <u>Elizabeth Petersen</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT <u>Mrs. Geo. Henderson</u> (ADDRESS) <u>Osceola Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Worship Center</u> DATE <u>11-2</u> 19 <u>34</u>		
19. UNDERTAKER <u>Caldwell Bros</u> (ADDRESS) <u>Platte River and</u>		
20. FILED <u>11-2</u> 19 <u>34</u> <u>O. B. Herrer</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 1 1934

22. I HEREBY CERTIFY That I attended deceased from Aug 23 1934 to Nov 1 1934
I last saw him alive on Nov 1 1934. Death is said to have occurred on the date stated above, at 1:30 AM.
The principal cause of death and related causes of importance were as follows:
Pulmonary tuberculosis Date of onset _____
25A
11A

Other contributory causes of importance:
Syphilis

Name of operation _____ Date of _____
What test confirmed diagnosis X-ray Was there an autopsy Yes

23. If death was due to external cause (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? Yes
If so, specify _____
(Signed) Dr. W. G. A. Meador M. D.
(Address) F. Hill Ring

