

REC'D MAR 21 1938

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

Do not use this space.

1. PLACE OF DEATH

County Hollers
Township Saline
City Near Eldon (No., Ward

Registration District No. 561
Primary Registration District No. 5753A

File No. 7449
Registered No. 15
St. Ward

2. FULL NAME Ulyssell Sherman Henderson 536

(a) Residence, No. Eldon Mo. 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Carric Mais-Henderson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 10th, 1865

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.

72 1 25

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) Missouri13. NAME J. H. Henderson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri15. MAIDEN NAME No Record16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ..17. INFORMANT Mrs. J. S. Henderson (ADDRESS) Eldon Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE High Point Cem. DATE Feb. 6th, 193819. UNDERTAKER G. N. Steffens (ADDRESS) Russellville, Mo.20. FILED Feb 7, 1937 Belle Haynes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 5th, 1938, 1922. I HEREBY CERTIFY, That I attended deceased from 1/31, 1938, to 2/5, 1938.

I last saw him alive on 2/4, 1938. Death is said to have occurred on the date stated above, at 1:30 A.M.

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

Lobar Pneumonia 1/31/38

185

Other contributory causes of importance:

Chronic nephritis ?

Name of operation Date of
What test confirmed diagnosis? Clue Was there an autopsy? No

22. 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) G. D. Walker, M. D.
Eldon Mo

495 (Address) Eldon Mo

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.

I 20314

1116

1116

1116

1116

1116

1116

1116

1116

1116

1116