

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.

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

Do not use this space.

41859

1. PLACE OF DEATH

County Wayne
Township East Creek
City Chocoma (No. _____)

Registration District No. 899
Primary Registration District No. 6189

File No. _____
Registered No. 18
St. _____ Ward _____

2. FULL NAME Omila Virginia 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 15, 1925

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>5</u>		<u>4</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	_____	196
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	_____	194
	10. Date deceased last worked at this occupation (month and year)	_____	30
	11. Total time (years) spent in this occupation	_____	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO.

FATHER 13. NAME W. M. Henderson

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

MOTHER 15. MAIDEN NAME Stella M. Merriam

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

17. INFORMANT Luther Strickland (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Shilo, MO DATE Dec 25, 1930

19. UNDERTAKER S. E. Helms (ADDRESS)

20. FILED Dec 24, 1930 MO. McShu Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 23, 1930

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1930, to Dec 23, 1930

I last saw him alive on Dec 20, 1930. Death is said

to have occurred on the date stated above, at 7 P. m.

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

Septic infection from abrasion of skin + bruise of right leg.

Date of onset Dec 20

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accident Date of injury Dec 23, 1930

Where did injury occur? at home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. home

Manner of injury fall on ground

Nature of injury bruise of leg

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Darmers, M. D.

(Address) Greenville, Mo.

AGE 100

100

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Wayne Registration District No. 892 File No. _____
 Township Lost Creek Primary Registration District No. 6189 Registered No. 18
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Dwita Virginia 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) S

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

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

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

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 _____

9. BIRTHPLACE (CITY OR TOWN) _____
 (STATE OR COUNTRY) _____

10. NAME OF FATHER _____

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER _____

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) _____

14.

INFORMANT (Address) _____

15.

FILED Mar 19 30 Mrs. Hattie McShee
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 23 19 30

17. I HEREBY CERTIFY That I attended deceased from _____, 19____, (that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Sepsis infection from abrasion of skin of Groin of right leg. Not accidental.

CONTRIBUTORY (SECONDARY) (Cause) _____ m. ds.

18. WHERE WAS DEATH CONTRACTED _____ IF NOT AT PLACE OF DEATH _____

DATE OF OPERATION PRECEDE DEATH _____ WAS THERE AN AUTOPSY _____

WHAT TEST CONFIRMED DIAGNOSIS? _____ (Signed) _____ M. D.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES state (1) MANNER AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL. NO

19. PLACE OF BURIAL, CREMATION, OR REMOVAL _____ DATE OF BURIAL _____ 19____

20. UNDERTAKER _____ ADDRESS _____

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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SUPPLEMENTARY

S-41859