

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

Do not use this space.

10788

1. PLACE OF DEATH

County Way
Township Grape Grove
City Richmond, Mo. (No. 1111)

Registration District No. 744
Primary Registration District No. 3035

File No. _____
Registered No. 27 St. _____ Ward _____

2. FULL NAME

Mr Cornelious Vaughn 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>June 25th 1853</u>		
7. AGE YEARS <u>79</u>	MONTHS <u>8</u>	DAYS <u>22</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Framer</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____		

9. BIRTHPLACE (CITY OR TOWN) Lexington
(STATE OR COUNTRY) Kentucky

10. NAME OF FATHER James R. Henderson

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

12. MAIDEN NAME OF MOTHER Fannie Corrigill

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Woodford Co. Ky.
(STATE OR COUNTRY)

14. INFORMANT Mr James Henderson
(Address) Richmond Mo. R.

15. FILED 5-9-1933 E. E. Gay REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-17 1933

17. I HEREBY CERTIFY, That I attended deceased from 3-16, 1933, to 3-17, 1933 that I last saw him alive on 3-17, 1933 and that death occurred, on the date stated above, at 1:08 p.m.

473 THE CAUSE OF DEATH* WAS AS FOLLOWS:
97 Carcinoma of Lung
arterio-sclerosis

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED? _____ (duration) _____ yrs. _____ mos. _____ ds.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Richmond City Cem DATE OF BURIAL 3-19 1933

20. UNDERTAKER A. W. Mansur ADDRESS Richmond Mo.

473

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? Biological Xray
(Signed) E. E. Gay M. D.
, 19 _____ (Address) Richmond 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.

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.

MAY 24 1933

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MO.

