

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

Do not use this space.

19038

1. PLACE OF DEATH

County RCY Registration District No. 744 File No. 6c
 Township Blair Primary Registration District No. 3035 Registered No. 6c
 City Rolla (No. _____) St. _____ Ward _____

2. FULL NAME Harold Henderson

(a) Residence, No. _____ St. _____ Ward _____ (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 Fe 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) EC

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sherman F. Harrington

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 20 1901

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
29 8 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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) Rolla, Mo. (STATE OR COUNTRY) Mo.

13. NAME George R. Henderson

14. BIRTHPLACE (CITY OR TOWN) Rolla, Mo. (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Gurdelle Cleverger

16. BIRTHPLACE (CITY OR TOWN) Rolla, Mo. (STATE OR COUNTRY) Mo.

17. INFORMANT Leola Henderson (ADDRESS) Rolla, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rolla, Mo. DATE 5-27-35

19. UNDERTAKER E. E. Day (ADDRESS) Rolla, Mo.

20. FILED 2-27-35 1935 E. E. Day Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25, 1931 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec. 16, 1930, to May 25, 1931

I last saw her alive on 11-2-30, 1930. Death is said to have occurred on the date stated above, at 3 p. m.

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

Carcinoma of uterus Date of onset 2-28-28

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Other contributory causes of importance:

Name of operation _____ Date of operation _____

What test confirmed diagnosis? _____ 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 _____ 1931

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) H. M. Henderson, M. D.

(Address) Rolla, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

JUN 29 1931

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