

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

PLACE OF DEATH

County Franklin

Township _____

or

Village _____

or

City Pacific (NO. _____)

Registration District No. 293

File No. 27551

Primary Registration District No. 4177

Registered No. 115

St. _____ Ward _____

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Charles Hensley

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE Black SINGLE MARRIED Single WIDOWED OR DIVORCED (If write the word)

DATE OF DEATH 11 3, 1911
(Month) (Day) (Year)

DATE OF BIRTH Do not know
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from 11-2, 1911, to 11-3, 1911, that I last saw her alive on 11-3, 1911,

AGE About 3 yrs. 7 mos. 7 ds. If LESS than 1 day, _____ hrs. or _____ min.?

and that death occurred, on the date stated above, at 4 P. m. The CAUSE OF DEATH* was as follows:

OCCUPATION (a) Trade, profession, or particular kind of work None (b) General nature of industry, business, or establishment in which employed (or employer)

burns over front of head
161 (Duration) _____ yrs. _____ mos. _____ ds.

BIRTHPLACE (City or town, State or foreign country) Missouri

PARENTS NAME OF FATHER Do not know BIRTHPLACE OF FATHER (City or town, State or foreign country) Do not know MAIDEN NAME OF MOTHER Eudora Hensley BIRTHPLACE OF MOTHER (City or town, State or foreign country) Missouri

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds. (Signed) J. E. Williams M. D. Nov 4, 1911 (Address) Pacific Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE. (Informant) Bare Hensley (ADDRESS) Pacific Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds. Where was disease contracted if not at place of death? Former or usual residence _____

Filed Nov 9, 1911. H A Bood REGISTRAR

PLACE OF BURIAL OR REMOVAL Pacific Ct Cemetery DATE OF BURIAL 11/5, 1911 UNDERTAKER J. H. A. Thibbes ADDRESS Pacific Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

