

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.

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

PLACE OF DEATH  
County Jackson

Township \_\_\_\_\_ Registration District No. 399 File No. 5296  
or \_\_\_\_\_  
Village \_\_\_\_\_ Primary Registration District No. 1002 Registered No. 511  
or \_\_\_\_\_  
City James City (No. 4512 East 9th St. \_\_\_\_\_ Ward) ([If death occurred in a hospital or institution, give its NAME instead of street and number])

**FULL NAME** James Robert Hensley

**PERSONAL AND STATISTICAL PARTICULARS**

SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>Single</u> <small>(Write the word)</small>
DATE OF BIRTH <u>Aug 6, 1891</u> <small>(Month) (Day) (Year)</small>		
AGE <u>20</u> yrs. <u>6</u> mos. <u>8</u> ds. <small>If LESS than 1 day, hrs. or min.?</small>		
OCCUPATION (a) Trade, profession, or particular kind of work <u>Depositor</u> (b) General nature of industry, business, or establishment in which employed (or employed) <u>Montgomery Ward</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Mo. 4-09</u>		
PARENTS	NAME OF FATHER <u>G. D. Hensley</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Mo.</u>	
	MAIDEN NAME OF MOTHER <u>Lula Anderson</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Mo.</u>	

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH  
Feb 14, 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan 30<sup>th</sup>, 1912, to Feb 14<sup>th</sup>, 1912, that I last saw him alive on Feb 14<sup>th</sup>, 1912, and that death occurred, on the date stated above, at 12:30 P.

The CAUSE OF DEATH\* was as follows:  
Cerebral Cerebral Tumor  
540  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 16 ds.

Contributory  
(Secondary)  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) J. M. King M. D.  
Feb 10, 1912 (Address) 201 Lawrence St.

\*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 \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL  
W. Washington

DATE OF BURIAL  
Feb 16, 1912

UNDERTAKER  
W. H. McConner

ADDRESS  
2109 6<sup>th</sup>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) G. D. Hensley  
(ADDRESS) 4512 East 9th St.

Filed FEB 15 1912 W. S. Wheeler REGISTRAR

# Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health  
Association]

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death.**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sar-*

*coma*, etc., of \_\_\_\_\_ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

*Dr. Thompson*  
*601 Commerce*  
*Bldg.*



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.

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CERTIFICATE OF DEATH

PLACE OF DEATH

County Jackson  
Township \_\_\_\_\_  
or \_\_\_\_\_  
Village \_\_\_\_\_  
or \_\_\_\_\_  
City Kansas City (NO. 4512 East 9th St., \_\_\_\_\_ Ward)

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

Registration District No. 399 File No. 5296  
Primary Registration District No. 1002 Registered No. 511

FULL NAME James Hubert Hensley

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

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED single  
(Write the word)

DATE OF BIRTH Aug. 6, 1891  
(Month) (Day) (Year)

AGE 20 yrs. 6 mos. 8 ds. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.

OCCUPATION (a) Trade, profession, or particular kind of work Teamster  
(b) General nature of industry, business, or establishment in which employed (or employer) Montgomery Ward

BIRTHPLACE (City or town, State or foreign country) Mo.

NAME OF FATHER G. O. Hensley

BIRTHPLACE OF FATHER (City or town, State or foreign country) Mo.

MAIDEN NAME OF MOTHER Leta Anderson

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) G. O. Hensley

(ADDRESS) 4512 East 9th St.

Filed APR 11 1912 W. S. Wheeler REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 14, 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan. 30, 1912, to Feb. 14, 1912, that I last saw him alive on Feb. 14, 1912, and that death occurred, on the date stated above, at 12:30 P. m.

The CAUSE OF DEATH\* was as follows:  
Central Cerebral Tumor.  
not malignant  
(Duration) \_\_\_ yrs. \_\_\_ mos. 16 ds.

Contributory Possible credit by ball  
(SECONDARY) BALL  
(Duration) \_\_\_ yrs. 8 mos. \_\_\_ ds.

(Signed) J. V. Kingour M. D.  
Feb. 16, 1912 (Address) 601 Commerce Bldg.

\*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)

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Where was disease contracted if not at place of death? \_\_\_\_\_

Former or usual residence. \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL Mt. Washington DATE OF BURIAL Feb. 16, 1912

UNDERTAKER W. W. Hencomer ADDRESS 2109 E. 9th

# Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health  
Association]

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