OCT 24 1927

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

Do not use this space.

26569

1. PLACE OF DEATH
County Buchanan
Township
City St. Joseph, (No. 816 Warsaw Avenue St. Ward)
Registration District No. 85 1001
Primary Registration District No.
File No.
Registered No. 972

2. FULL NAME Leo Rowland Maxine Hensley
(a) Residence. No. 816 Warsaw Avenue St., Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 0 yrs. 6 mos. 26 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

4

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Febr. 26. 1927.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	0	6	26	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Joseph,
(STATE OR COUNTRY) Missouri.

PARENTS
10. NAME OF FATHER John Edward Hensley
11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Joseph,
(STATE OR COUNTRY) Missouri.
12. MAIDEN NAME OF MOTHER Leonora Hensley
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Joseph,
(STATE OR COUNTRY) Missouri.

14. INFORMANT John Edward Hensley
(Address) 816 Warsaw Avenue

15. FILED 9/23, 1927 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 22. 1927.

17. I HEREBY CERTIFY, That I attended deceased from Sept. 12, 1927, to Sept. 22, 1927, that I last saw him alive on Sept. 18, 1927, and that death occurred, on the date stated above, at 2/50 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Gastro Enteritis probably of Influenzal Infection
11 B
11 B (duration) yrs. mos. 10 ds.
CONTRIBUTORY (SECONDARY) Chorea
(duration) yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Gordon D. Wright, M. D.
Sept. 22 1927. (Address) 845-So. 19 St.

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Ashland Cemetery
DATE OF BURIAL Sept. 23 1927.

20. UNDERTAKER N. O. Sidenfaden
ADDRESS 1802 Union Str

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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD