FEB 24 1929

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

Do not use this space. 3867

1. PLACE OF DEATH

County Worth — Registration District No. 903 — File No.

Township Fletchall — Primary Registration District No. 4545 — Registered No. 1

City Grant City Mo (No. ... St. ... Ward)

2. FULL NAME Mrs Mary Hensley

(a) Residence. No. Grant City Mo 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5a. If Married, Widowed, or Divorced HUSBAND of (or) WIFE of: George W. Hensley

6. DATE OF BIRTH (month, day and year): Feb 11 1839

7. AGE: Years 88 — Months 10 — Days 22 — If LESS than 1 day, ...hrs. or ......min.

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

9. BIRTHPLACE (city or town): Monroe Co
(State or country): Ind

PARENTS

10. NAME OF FATHER: Dont know
11. BIRTHPLACE OF FATHER (city or town) (State or country): Dont know
12. MAIDEN NAME OF MOTHER: Dont know
13. BIRTHPLACE OF MOTHER (city or town) (State or country): Dont know

14. Informant: Guy Hensley
(Address): Grant City

15. Filed 1/5, 1928 John Andrews
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day and year): Jan 3 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1925 to Jan 3, 1928, that I last saw h.er alive on Jan 3, 1928, and that death occurred, on the date stated above, at 6 30 A.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

182

(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary): Senility

(duration) 1 yrs. ...mos. ...ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? ... Date of ...

Was there an autopsy? ...

What test confirmed diagnosis? ...

(Signed) J. F. Phipps, M.D.

1/3, 1928 (Address) Grant City 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Fletchall Cem — DATE OF BURIAL: Jan 5 1928

20. UNDERTAKER: Andrews Bros — ADDRESS: Grant City