120 1928

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

Do not use this space.

32690

1. PLACE OF DEATH
County: Barry
Township: Ba
City: Monett (No. ..... St. ..... Ward)
Registration District No.: 30
Primary Registration District No.: 30 D 3
File No.:
Registered No.: 70

2. FULL NAME: Ben Hensley Jr

(a) Residence. No. ..... 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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 29 1926

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
2	8	6	

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

9. BIRTHPLACE (CITY OR TOWN): Monett
(STATE OR COUNTRY): Mo

PARENTS

10. NAME OF FATHER: Ben M. Hensley
11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): Van Buren Co. Ark
12. MAIDEN NAME OF MOTHER: Kate Simpkins
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): Van Buren Co. Ark

14. INFORMANT: Ben M. Hensley
(Address): Monett Mo R

15. FILED 10-7 1928. W. M. West
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 5 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 25, 1928, to Oct 5 1928 that I last saw h. alive on Oct 5, 1928, and that death occurred, on the date stated above, at 7.30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Colitis
1208
(duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. 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? Physical Exam
(Signed) J. H. Gerrell, M. D.
10-6, 1928 (Address) Neosho 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: Shirley Ark
DATE OF BURIAL: 10/7 1928

20. UNDERTAKER: Galloway's
ADDRESS: Monett

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.