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

Do not use this space.

33274

File No. .....

Registered No. 701

1. PLACE OF DEATH

County Greene

Township .....

City Springfield (No. 1821 E. Blaine St. ..... St. ..... Ward)

Registration District No. Dr. E. L. Evans 318

Primary Registration District No. 2001

2. FULL NAME N. J. Hensley

(a) Residence. No. 1821 E. Blaine St., ... Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
m	w	widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 25 1833

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	93	3	11	

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

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

PARENTS

10. NAME OF FATHER Calvalo Hensley

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Ellen Hicks

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Mo.

14. INFORMANT Mrs. Ed Hash
(Address) 1821 E. Blaine St.

15. FILED Oct 8 1928 O C Horst Reg.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-6-1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 4 1928, to 10-8- 1928, that I last saw h. alive on 10-8- 1928, and that death occurred, on the date stated above, at 12 noon m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Uremic poisoning and
Complicated Condition of Bowels
1328
1327
10

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Infirmities of old age

(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? .....
(Signed) E L Evans, M. D.
28 (Address) Springfield 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 Hill — DATE OF BURIAL 8-7-1928

20. UNDERTAKER W Hank — ADDRESS Bolivar

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.

WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD

1 1928