

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

AN 21 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.

1. PLACE OF DEATH

County Buchanan Registration District No. 85 File No. 39565  
Township Washington Primary Registration District No. 1004 Registered No. 1486  
City St. Joseph (No. St. Joseph's Hospitals) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Elizabeth Jean Hensley  
(a) Residence. No. 621 So. 15th 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 30, 1927

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>0</u>	<u>11</u>	<u>28</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None  
(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

10. NAME OF FATHER Charles Hensley

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

12. MAIDEN NAME OF MOTHER Manie Reese

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

14. INFORMANT George McQueen  
(Address) 621 So. 15th St.

15. FILED DEC 29 1928  
John G. [Signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 28 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1928, to Dec 28, 1928  
that I last saw her alive on Dec 27, 1928, and that death occurred, on the date stated above, at 7:20 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Bronch. Pneumonia  
11A/11A  
11A/107A (duration) yrs. mos. 4 ds.  
CONTRIBUTORY (SECONDARY) Influenza (duration) yrs. mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....  
0 DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical signs  
(Signed) J. Elliott, M. D.

Dec 28, 1928 (Address) 824 Edmund

\*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 Mauburn Cemetery DATE OF BURIAL Dec 29 1928

20. UNDERTAKER E. G. Pidenfaden ADDRESS 602 So 10

