23 1929

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

Do not use this space.

2775

1. PLACE OF DEATH
County Oregon — Registration District No. 636 — File No.
Township Piney — Primary Registration District No. 5844 — Registered No. 6
City Alton Mo R.R. (No. ..... St. ..... Ward)

2. FULL NAME Thomas Austin Hensley
(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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~~ Sarah De Prust

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 28 1845

7. AGE: 83 YEARS — MONTHS: 9 — DAYS: 1 — If LESS than 1 day, ... hrs. or ..... min.

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

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

PARENTS
10. NAME OF FATHER Leander Hensley
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER T Williams
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

14. INFORMANT Mrs Hensley
(Address) Alton Mo

15. FILED 9/10 1929 Eno N Baily REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 29 1929

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19..... that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Cerebral Hemorrhage

82A 7461 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) A L Carr M.D.
, 19 (Address) Coroner

*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: Cave Spring Cemetery — DATE OF BURIAL: 2/1 1929

20. UNDERTAKER: A L Carr — ADDRESS: Thayer Mo

N. B.—Every item of information should be carefully supplied ... be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly ... Exact statement of OCCUPATION is very important.