

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

Do not use this space.

6401
46

1. PLACE OF DEATH
County Montgomery
Township Montgomery City
City Montgomery City (No.)

Registration District No. 592
Primary Registration District No. 435-0

File No.
Registered No.
St. Ward)

2. FULL NAME Samuel Ballinger Hensley

(a) Residence. No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** Married
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 6 1852

7. AGE **YEARS** **MONTHS** **DAYS** **IF LESS than 1 day, hrs. or min.**
78 11 9

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) Osage County Missouri

10. NAME OF FATHER Samuel Hensley

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania 2

12. MAIDEN NAME OF MOTHER unknown

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

14. INFORMANT (Address) Mrs. Pally Hensley
Mrs. Samuel Hensley
Montgomery City

15. FILED 3/10 P. 1931 S. J. Beatty REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 15 1931

17. I HEREBY CERTIFY, That I attended deceased from 1931, Feb 15, 1931
that I last saw h. in alive on Feb 15, 1931, and that death occurred, on the date stated above, at 11:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chron. Interstitial Nephritis
Arterio Sclerosis

131
97 (duration) several yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 131 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 131
IF LOCAL PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical
(Signed) E. W. Hensley, M. D.

2/16 1931 (Address) Montgomery 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 Oak Grove Cemetary **DATE OF BURIAL** Feb. 17 1931

20. UNDERTAKER F. E. Kidwell **ADDRESS** Montgomery City

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.

MAR 25 1931

