

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

Do not use this space.

3667

1. PLACE OF DEATH

County Bartlett Registration District No. 30
 Township Monett Primary Registration District No. 5040
 City Monett (No. _____) St. _____ Ward _____

2. FULL NAME

Wanda Ruth Hensen
 (a) Residence, No. 509 St. _____ Ward _____
 (Usual place of abode)
 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 Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 21st 1931

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
5 5 23

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monett, Mo.

FATHER
 13. NAME Wanda Ruth Hensen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monett, Mo.

MOTHER
 15. MOTHER NAME Leona Long

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monett, Mo.

17. INFORMANT Walter J. Hensen
 (ADDRESS)

18. BURIAL, CREMATION OR REMOVAL
 PLACE W. N. West DATE Feb. 14 1932

19. UNDERTAKER (ADDRESS) W. N. West

20. FILED 2-13- 1932 W. N. West
 Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-13- 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 24 1932 to Feb. 13th 1932
 last saw her alive on Feb. 13th 1932 Death is said to have occurred on the date stated above, at 3:30 P. m.
 The principal cause of death and related causes of importance were as follows:

Complication of pneumonia
109A
 Other contributory causes of importance: (1)

Name of operation None Date of _____
 What test confirmed diagnosis Smear Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Yes Date of injury _____ 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Yes
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____

(Signed) W. N. West M. D.
 (Address) Monett, Mo.

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 UNFADING INK—THIS IS A PERMANENT RECORD

MAR 21 1932

