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

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.

MAY 23 1932

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

Do not use this space.

11772

1. PLACE OF DEATH

12 County Butler — Registration District No. 89 — File No.

2 Township — Primary Registration District No. 3807 — Registered No. 67.

7 City Poplar Bluff (No. ..... , ... St. ..... Ward)

2. FULL NAME NANCY JANE HENSON

(a) Residence, No. 936 MILL 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: F

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-17-1847

7. AGE: YEARS 84 — MONTHS 3 — DAYS 24 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. AT HOME

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MARION COUNTY TENN

FATHER

13. NAME JOHN S. RAULSTON

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MARION COUNTY TENN

MOTHER

15. MAIDEN NAME MARY WYNNE

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MARION COUNTY TENN

17. INFORMANT (ADDRESS) L. M. HENSON POPLAR BLUFF

18. BURIAL, CREMATION, OR REMOVAL

PLACE CITY DATE 4-12 1932

19. UNDERTAKER (ADDRESS) FRANK UND CO POPLAR BLUFF

20. FILED April 13, 1932 B J Olive Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-11, 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5.08 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma esophagus cardiac end	unknown
46A	

Other contributory causes of importance:

pneumonia hypostatic bilateral — 4-6-32

Name of operation ..... Date of .....

What test confirmed diagnosis? X ray Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... 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 .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) B J Macauley, M. D.

(Address) Poplar Bluff Mo.