

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

Do not use this space.

36617

1. PLACE OF DEATH

78 County Remond  
4 Township  
16 City Hayti (No. .... St. .... Ward)

Registration District No. 65-3  
Primary Registration District No. 4390

File No. ....  
Registered No. 121

2. FULL NAME

Rufus Adolphus Henshaw

(a) Residence, No. .... St. .... Ward.  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 15 1851</u>		
7. AGE	YEARS	MONTHS
	<u>81</u>	<u>9</u>
		<u>1</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>13</u>		
10. Date deceased last worked at this occupation (month and year) <u>9</u>		
11. Total time (years) spent in this occupation <u>9</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>North Carolina 2</u>		
13. NAME <u>Ezra Henshaw</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>N.C.</u>		
15. MAIDEN NAME <u>Cornelia Ford</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>N.C.</u>		
17. INFORMANT (ADDRESS) <u>Jade Henshaw Hayti Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Woodlawn</u> DATE <u>Nov 17 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Hugh Estess Hayti Mo.</u>		
20. FILED <u>11-17-1932</u> <u>J. J. Johnson</u> Registrar		

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1932 to Nov. 16, 1932  
I last saw him alive on Nov. 16, 1932 Death is said to have occurred on the date stated above, at 3.8 m.  
The principal cause of death and related causes of importance were as follows:  
Chronic interstitial nephritis  
retard of return, amelia  
& hemorrhage  
Other contributory causes of importance:  
Decompensation of heart, aortic regurgitation

Name of operation (1) Date of .....  
What test confirmed diagnosis? ..... 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? Yes  
If so, specify Yes  
(Signed) J. J. Johnson, M. D.  
(Address) Hayti, Mo.

Date of onset  
8-1-30

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

78  
4  
16

