

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

Do not use this space.

30046

1. PLACE OF DEATH

59 County Jefferson Registration District No. 423
 Township Rock Primary Registration District No. 5578
 City (No. _____) St. _____ Ward _____

File No. 28
 Registered No. _____

2. FULL NAME

Mary An. Hensley
 (a) Residence, No. _____ 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 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 William A. Hensley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 13-1874

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>59</u>	<u>10</u>	<u>11</u>	

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

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) Kimmswick mo

FATHER

13. NAME Joseph Simon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

MOTHER

15. MAIDEN NAME Christina Emms

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maxville mo

17. INFORMANT Wm. Hensley mo
(ADDRESS) Kimmswick

18. BURIAL, CREMATION, OR REMOVAL PLACE St Joseph Catholic Cemetery DATE Sept 27 1933

19. UNDERTAKER St. H. Heiligtag
(ADDRESS) Kimmswick mo

20. FILED 9/25 1933 H Wm Eld Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _____ 1933

22. I HEREBY CERTIFY, That I attended deceased from July 6 1933 to Sept. 24 1933
 I last saw her alive on 9/24/33 1933. Death is said to have occurred on the date stated above, at 2:30 p.m.
 The principal cause of death and related causes of importance were as follows:
General carcinoma (right left breast)
 Date of onset _____
 Other contributory causes of importance 50
50
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Smear (Was there an autopsy?) no

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) C. F. Herch
 (Address) Kimmswick mo

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.

OGT 20 1933

235

Hensley

