

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

Do not use this space.

1. PLACE OF DEATH

County
Township
City *St. Louis* (No. *St. Lukes*)

Registration District No. **791**
Primary Registration District No. **1003**

File No. **27495**
Registered No. **770**
St. Ward)

2. FULL NAME

(a) Residence, No. St. *NR* Ward. *Harrisburg Ills*
(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 *Male* 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 *Catherine Hensley*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Mar. 4 1870*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<i>64</i>	<i>4</i>	<i>23</i>	

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ledford Ills*

MOTHER FATHER 13. NAME *William Hensley*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ledford Ills*

15. MAIDEN NAME *Rebecca Coyart*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ledford Ills*

17. INFORMANT *George S Hensley*
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE *Harrisburg Ills* DATE *July 29 1934*

19. UNDERTAKER *Albert W. Gapp*
(ADDRESS) *37 29 N. 5th St*

20. FILED *J. Brebeck*
19 *34* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 29 1934*

22. I HEREBY CERTIFY That I attended deceased from *July 23* 19*34* to *July 26* 19*34*
I last saw him alive on *July 26* 19*34* Death is said to have occurred on the date stated above, at *7:20 am*
The principal cause of death and related causes of importance were as follows:

Date of onset
Pneumonia lobular
1072
1872
1372 *1072*
Other contributory causes of importance:
Hypertension - Benign
Arteriosclerosis

Name of operation *None* 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? *no* 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) *W. K. Hoop (Reg)*
37 20 W. 5th St
(Address) *St. Louis*

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.

AUG 16 1934

