

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

Do not use this space.

FEB 28 1935

**1. PLACE OF DEATH**

County Polk  
Township W. Jooney  
City Marionville (No. .... St. .... Ward)

Registration District No. 704  
Primary Registration District No. 5933

File No. 2493  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

Monta Irene Hensley

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

Length of residence in city or town where death occurred 7 yrs. 8 mos. 4 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX ✓ 4. COLOR OR RACE ✓ 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)  
Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 5, 1927

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
7 8 4

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Michart, Mo  
(STATE OR COUNTRY) Polk

10. NAME OF FATHER Richard Hensley

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Michart, Mo  
(STATE OR COUNTRY) Polk

12. MAIDEN NAME OF MOTHER Lena Poland

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Michart, Mo  
(STATE OR COUNTRY) Polk

14. INFORMANT Lena Poland  
(Address) Michart, Mo

15. FILED Feb 25, 1935 Ernest M. Davis  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan - 10 - 1935

I HEREBY CERTIFY, That I attended deceased from Jan - 18 - 1935 to Jan - 15 - 1935 that I last saw him alive on Jan - 10 - 1935 and that death occurred, on the date stated above, at 9:00 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Broncho Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Influenza; acute  
neglect; other medical  
(duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH. ....

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS clinical

(Signed) R. J. Gannett M. D.

19 (Address) Marionville, Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Red Brown 1-12-35

20. UNDERTAKER

ADDRESS

White & Wint Gould  
Funeral Home  
Marionville, Mo



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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY

**1. PLACE OF DEATH**

County Dalk  
Township W. Loney  
City (No. \_\_\_\_\_)

Registration District No. 704  
Primary Registration District No. 3733

File No. \_\_\_\_\_  
Registered No. 2493  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single  
(Write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 10 1935

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 \_\_\_\_\_ m.

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

Date of onset

Other contributory causes of importance:

Name of operation \_\_\_\_\_ 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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) H. J. Harrell, M. D.

(Address) Harrisville, Mo.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>7</u>	<u>8</u>	<u>4</u>	

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

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)

13. NAME \_\_\_\_\_

14. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY)

15. MAIDEN NAME \_\_\_\_\_

16. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY)

17. INFORMANT \_\_\_\_\_  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE \_\_\_\_\_ DATE \_\_\_\_\_, 19\_\_\_\_

19. UNDERTAKER \_\_\_\_\_  
(ADDRESS)

20. FILED Feb 5 1935 Isaac Davis  
Registrar

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