

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

Do not use this space.

FEB 28 1935

6456

1. PLACE OF DEATH
 County Polk Registration District No. 704
 Township W. Journey Primary Registration District No. 3933
 City Marionville (No.) St. Ward

2. FULL NAME Robert Harold Hensley
 (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 11 yrs. 6 mos. 11 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8-17-1923

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
11 6 11

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-8 1935

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1935 to Jan 7, 1935 that I last saw him alive on Jan 7, 1935 and that death occurred, on the date stated above, at 1 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Typhoid Fever

(duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) Dysentery & Pyelitis
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical & Bacteriologic

(Signed) R. H. Hensley 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

Home 2-9 1935

20. UNDERTAKER W. H. Hensley ADDRESS

P. Gould Funeral Home Marionville Mo.

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work School boy
 (b) General nature of industry, business, or establishment in which employed (or employer).....
 (c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Wishart
 (STATE OR COUNTRY) Polk Co

10. NAME OF FATHER Edward Hensley

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Wishart
 (STATE OR COUNTRY) Polk Co

12. MAIDEN NAME OF MOTHER Lena M. Hensley

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

14. INFORMANT Mrs. Jess Polan
 (Address) Wishart Mo

15. FILED Feb 5, 1935 Grace M. Davis
 REGISTRAR

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.

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