

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

Do not use this space.

JUN 5 1935

15356

1. PLACE OF DEATH
County Texas Registration District No. 866
Township Current Primary Registration District No. 6146
City (No.) St. Ward

2. FULL NAME Mrs. Cora 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 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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>R. B. Hensley</u>		6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>11-10-1897</u>	
7. AGE	YEARS <u>37</u>	MONTHS <u>5</u>	DAYS <u>1</u>
If LESS than 1 day, hrs. or min.			
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</u>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>.....</u>		
10. Date deceased last worked at this occupation (month and year) <u>.....</u>		11. Total time (years) spent in this occupation <u>.....</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Summersville, Mo.</u>			
FATHER	13. NAME <u>Robert Scott</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>not known</u>		
MOTHER	15. MAIDEN NAME <u>not known</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>not known</u>		
17. INFORMANT <u>John Scott</u>			
18. BURIAL, CREMATION, OR REMOVAL			
PLACE <u>Hatchers</u>		DATE <u>4-13</u> 19 <u>35</u>	
19. UNDERTAKER <u>Marghar</u>			
20. FILED <u>May 8</u> 19 <u>35</u> <u>Maggie E. Murfin</u> Registrar.			

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/11 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/11 1935, to 4/11 1935. I last saw h. alive on 4/11 1935. Death is said to have occurred on the date stated above, at 6:15 P.M.

The principal cause of death and related causes of importance were as follows:
Purpural sepsis from a retained placenta following antiseptic
could get no history of previous

Date of onset

Other contributory causes of importance: none

Name of operation Removal of placenta Date of

What test confirmed diagnosis? Was there an autopsy?

3. If death was due to external causes (violence), fill in also the following:
accident, suicide, or homicide? Date of injury, 19.....
When 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) John M. Hensley, M. D.
(Address)

N. B.—Every item of information should be 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.

