

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

Do not use this space.

SEP 26 1935

24197

1. PLACE OF DEATH

94 County Jefferson Registration District No. 33
 Township Leadwood Primary Registration District No. 604B
 City Leadwood (No.) St. Ward)

File No. 19
 Registered No.

2. FULL NAME

Simon J. 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 0 yrs. 6 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Edna Reilly
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 7 1854
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 3 15
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own store
 10. Date deceased last worked at this occupation (month and year) 1921 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sulphur Springs Mo.

MOTHER FATHER
 13. NAME Wm. Hensley
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson County Mo.
 15. MAIDEN NAME Eliza P. Burgess
 15. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson County Mo.

17. INFORMANT (ADDRESS) Edw. F. Karsch Leadwood, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Park View DATE 7/24

19. UNDERTAKER (ADDRESS) Leadwood, Mo.

20. FILED 7/24 1935 W. E. Luebke Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22 1935
 I HEREBY CERTIFY, That I attended deceased from Jan 1933, to July 22 1935
 I last saw him alive on July 19 1935. Death is said to have occurred on the date stated above, at 11:50 m.
 The principal cause of death and related causes of importance were as follows:

Uremia
 Other contributory causes of importance:
Arteriosclerosis
Myocarditis
Uremic infection
 Name of operation none Date of Aug 19 33
 What test confirmed diagnosis? Uremia Was there an autopsy? No
Epistaxis
2/35

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury 7/22/35
 Where did injury occur? Leadwood, Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Accident
 Nature of injury Stroke

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify None
 (Signed) V. W. Wright, M. D.
 (Address) Leadwood, Mo.

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.

