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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

SEP 2 0 1935

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

Do not use this space.

26797

1. PLACE OF DEATH
County Jasper — Registration District No. 417
Township — Primary Registration District No. 3021 — File No.
City Webb City (No. , St. Ward) — Registered No. 64

2. FULL NAME Unnamed Hensley
(a) Residence, No. 524 N. Webb 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

3. SEX: Fem
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 8-23-35

7. AGE: Years | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Infant
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): Webb City Mo

FATHER
13. NAME: Oren Hensley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Springfield Mo

MOTHER
15. MAIDEN NAME: Wynonia Symington
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wichita Kan

17. INFORMANT (ADDRESS): Oren Hensley Webb City, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Carterville Cem DATE: 8-23, 1935

19. UNDERTAKER (ADDRESS): Oren Hensley Webb City Mo

20. FILED: 8-23, 1935 J. L. Craig Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8-23, 1935

22. I HEREBY CERTIFY, That I attended deceased from 8-23, 1935, to 8-23, 1935
I last saw her alive on 8-23, 1935. Death is said to have occurred on the date stated above, at 9 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	
6 mo	
159	

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) J. L. Craig, M. D.
(Address) Webb City, Mo