

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

Do not use this space.

39996

1. PLACE OF DEATH

County Jasper Registration District No. 417
 Township Primary Registration District No. 3021
 City Webb City (No., St., Ward)

File No.
 Registered No. 89

2. FULL NAME

(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 <u>Male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Child</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 18 1932</u> | | |
| 7. AGE | YEARS | MONTHS |
| | <u>3</u> | <u>2</u> |
| | | DAYS |
| | | <u>14</u> |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | | 11. Total time (years) spent in this occupation |
| 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) | | |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Webb City, Missouri</u> | | |
| MOTHER | 13. NAME <u>Dean Hensley</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u> | |
| | 15. MAIDEN NAME <u>Wynona Summerton</u> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas</u> | |
| 17. INFORMANT <u>Dean Hensley</u> (ADDRESS) <u>Webb City, Mo.</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Centerville, Mo.</u> DATE <u>Dec 4, 1935</u> | | |
| 19. UNDERTAKER <u>Webb City, Ind. Co.</u> (ADDRESS) <u>Webb City, Mo.</u> | | |
| 20. FILED <u>12-3</u> , 19 <u>35</u> <u>J. H. Cray</u> Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1935, to Dec 2, 1935.
 I last saw him alive on Dec 2, 1935. Death is said to have occurred on the date stated above, at 10:20 p.m.
 The principal cause of death and related causes of importance were as follows:
meningococcus group Date of onset

Other contributory causes of importance
10

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 Ms daughter
 (Signed) Webb City, Mo.
 (Address) Webb City, 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.

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

