

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

Do not use this space.

DEC 19 1935

1. PLACE OF DEATH

County..... *Clark*
Township..... *Bayou*
City..... (No.....).....

Registration District No..... *687*
Primary Registration District No..... *5857*

File No..... **40511**
Registered No.....
St. Ward)

2. FULL NAME

William 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

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Nancy Ann Hensley*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Aug 3, 1846*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
89 *4* *8*

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

9. BIRTHPLACE (CITY OR TOWN)..... *Mo*
(STATE OR COUNTRY)

10. NAME OF FATHER *Jos Hensley*

11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... *Douk Town*
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER *Douk / know*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... *Douk / know*
(STATE OR COUNTRY)

14. INFORMANT *H.A. Hensley*
(Address) *Elijah,*

15. FILED *12-10-35* *C.C. Beach*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Dec 10* 19*35*

17. I HEREBY CERTIFY, That I attended deceased from *Dec 6* 19*35*, to *Dec 10* 19*35*, that I last saw him alive on *Dec 6* 19*35*, and that death occurred, on the date stated above, at *4:30* a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic nephritis

CONTRIBUTORY (SECONDARY) *arteriosclerosis*
(duration) *3* yrs. mos. ds.
(duration) *5* 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?
(Signed)..... *C.C. Beach* M. D.
12-11, 1935 (Address) *Elijah, 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 *Elijah, Mo* DATE OF BURIAL *12-11 1935*

20. UNDERTAKER *none* ADDRESS

WRITE PLAINLY, WITH FADING INK---THIS IS A PERMANENT RECORD

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.

