

DEC 3 1936

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

Do not use this space.

35282

1. PLACE OF DEATH

County
Township *Wishart*
City *Wishart* (No.)

Registration District No. *707*
Primary Registration District No. *59364*

File No.
Registered No. *10* St. Ward)

2. FULL NAME

Emma Viola 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 *Female* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 30 1880*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 2 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Housewife*
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) *Missouri*

13. NAME *Richard Lovett*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*

15. MAIDEN NAME *Mary Hawkins*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*

17. INFORMANT (ADDRESS) *Marlene Hensley Wishart*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Emon* DATE *Sept 11 1936*

19. UNDERTAKER (ADDRESS) *Hutchinson - Blue Springs, Mo.*

20. FILED *Oct 16 1936 Mrs Hattie M. Taylor Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept 10 1936*

22. I HEREBY CERTIFY, That I attended deceased from *Sept 1 1936 to Sept 10 1936*

I last saw him alive on *Sept 10 1936*. Death is said to have occurred on the date stated above, at *7:30 P.M.*

The principal cause of death and related causes of importance were as follows:

Chronic nephritis (arteriosclerotic) Extensive Carbuncle Sept 1

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? *no*

If so, specify..... (Signed) *Doyle W. Wilson* M. D.

(Address) *Blue Springs*

WRITE PLAINLY, WITH UNFADING 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.

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