WHITE PLAINEY, 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.

NOV 28 1936

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

Do not use this space.

38061

1. PLACE OF DEATH

County Jasper — Registration District No. 411 — File No.

Township — Primary Registration District No. 2002 — Registered No.

City Joplin, Mo. (No. St. Johns Hosp. St. Ward)

2. FULL NAME Mrs. Hettie Mae Edwards Hensley

(a) Residence, No. Carthage Mo. R. 3 St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 1. 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: Earl Hensley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 2nd 1918

7. AGE: 18 YEARS 18 — 2 MONTHS 2 — 15 DAYS 15 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife
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): Carthage, Mo. R. 3.

FATHER

13. NAME: Mr. Jasper Ralph Edwards
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Guthrie, Okla.

MOTHER

15. MAIDEN NAME: Mae Lewis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Carthage, Mo.

17. INFORMANT (ADDRESS): Family

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE: Dudsnap DATE: 10-19-36

19. UNDERTAKER (ADDRESS): Knell Mortuary (Carthage Mo.)

20. FILED: 10-17-1936 Ed D. James Registrar. By J.A.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1936, to Oct. 17, 1936. I last saw her alive on Oct. 17, 1936. Death is said to have occurred on the date stated above, at 7:30 a.m.

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

Eclampsia post partum

Date of onset

Other contributory causes of importance: Injuries sustained by a fall 4 wks previous to death

Name of operation: None — Date of

What test confirmed diagnosis: Ifull phy. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident — Date of injury: about 9-17, 1936

Where did injury occur? R. 3 - Carthage, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. in her home

Manner of injury: slipped + fell

Nature of injury: internal injuries

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) W. B. Chapman, M. D.

(Address) Joplin, Mo.