APR 19 1937

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

Do not use this space.

1. PLACE OF DEATH
County Greene
Township Republic
City (No. St. Ward)

Registration District No. 317
Primary Registration District No. 5436

File No. 11875
Registered No.

2. FULL NAME Hattie Carter Hensley
(a) Residence, No. Republic, MO. 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 W. B. Hensley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 25, 1870

7. AGE 25 YEARS 66 MONTHS 3 DAYS 8 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Arkansas

FATHER
13. NAME John Calhoun Carter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N Carolina

MOTHER
15. MAIDEN NAME Minerva Jones
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT (ADDRESS) W. B. Hensley Republic, MO.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Evergreen Cem. DATE Feb. 4 1937

19. UNDERTAKER (ADDRESS) R. E. Thurman & Co. Republic, MO.

20. FILED Feb. 4 1937 Mrs Bertha Nance Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 3 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1937, to Feb. 2, 1937
I last saw her alive on Feb 2, 1937 Death is said to have occurred on the date stated above, at 1:00 a.m.
The principal cause of death and related causes of importance were as follows:
Generalized Carcinoma metastasizing from primary in breast

Date of onset

Other contributory causes of importance: 50

Name of operation none Date of
What test confirmed diagnosis? Phys. Ex. Was there an autopsy? no

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) A. D. Vail, M. D.
(Address) Republic, 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.