

OCT 15 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County Andrew  
Township North  
City Helena (No. ....)

Registration District No. 16  
Primary Registration District No. 5020

File No. 33527  
Registered No. 12 Ward

## 2. FULL NAME

Amanda Hensley  
(a) Residence, No. Helena, Mo. St. .... Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. .... mos. .... ds. How long in U. S., if of foreign birth? yrs. .... mos. .... ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF H. W. Hensley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 27, 1866

7. AGE YEARS 70 MONTHS 11 DAYS 6 If LESS than 1 day, .... hrs. .... 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) Aug. 17, 1937 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Andrew County Mo.

MOTHER FATHER 13. NAME William Sanders

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

15. MAIDEN NAME Amanda Cyle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) H. S. Hensley Helena Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rochester DATE Sept. 5, 1937

19. UNDERTAKER (ADDRESS) Lucile M. Wilson King City Mo.

20. FILED Sept 4, 1937 Lord E. Frank Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1937 to Sept 3, 1937  
I last saw him and alive on Sept 2, 1937 Death is said to have occurred on the date stated above, at 10 A. m.

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

Cancer Liver

Date of onset 11.37

Other contributory causes of importance: 46

Name of operation Cholec Date of 40

What test confirmed diagnosis? Cholec 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) E. M. Reynolds M. D.

(Address) Union Sta 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.

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