

OCT 27 1937

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

Do not use this space.

1. PLACE OF DEATH

 County Wright Registration District No. 957
 Township Phlox Primary Registration District No. 4548
 City Manifield (No. _____) St. _____ Ward _____

 File No. 35613
 Registered No. 17

2. FULL NAME

E. C. Lewis 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 14 yrs. 10 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

 3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 26 - 1920
 7. AGE YEARS 16 MONTHS 10 DAYS 4 If LESS than 1 day, _____ hrs. or _____ min.

 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy

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) Sept 30 - 1937 11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Manifield Missouri13. NAME William H. Hensley14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Manifield Missouri15. MAIDEN NAME Nola Miller16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Manifield Missouri17. INFORMANT (ADDRESS) William H. Hensley Manifield Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Hensley DATE Oct 3 193719. UNDERTAKER (ADDRESS) H. C. Steff20. FILED Oct 8 1937 J. M. A. Short Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9 - 30 - 193722. I HEREBY CERTIFY, That I attended deceased from viewed the body, 19...

I last saw him _____ alive on _____, 19... 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:

Dislocated Neck

Date of onset

Caused by car wreck on highway # 5 at north City limits of Manifield Mo

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

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

Accident, suicide, or homicide hit by car Date of injury 9-30-37Where did injury occur Manifield, Wright Co - Mo

(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?

If so, specify _____

(Signed) George Steff (Crown)(Address) Manifield Mo

R.S. App.

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.

