

REC'D MAR 24 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County SalineTownship ClayCity Archer

(No.)

Registration District No. 792Primary Registration District No. 6048AFile No. 8252

Registered No.

St.

Ward)

2. FULL NAME

Jesse Hensick

(a) Residence, No.

(Usual place of abode)

Slater, Mo. Route # 2 St.

Ward.

(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

Male

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 OFLaura Neff Hensick

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

April 4, 1862

7. AGE

YEARS

75

MONTHS

10

DAYS

24If LESS than 1
day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Farmer9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.Retired10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Saline County
Missouri

MOTHER FATHER

13. NAME

Henry Hensick14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Germany15. MAIDEN NAME Mary Ann Romine16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Saline County
Missouri

17. INFORMANT

(ADDRESS)

Mr. Frank Fisher
Slater, Mo. Route # 2

18. BURIAL, CREMATION, OR REMOVAL

PLACE Arrow Rock Cem. DATE March 2, 1938

19. UNDERTAKER

(ADDRESS)

Campbell-Lewis Funeral Home
Marshall, Mo.

20. FILED

March 5, 1938C. L. Lawless
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from

April 1937 to Feb. 28, 1938I last saw him alive on Feb. 28, 1938 Death is saidto have occurred on the date stated above, at 5:30 p.m.

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

Pneumonia
Chr. myocarditis
Chr. nephritis
Chr. cystitis

Other contributory causes of importance:
Generalized Atherosclerosis

Date of onset
2-28-38Name of operation None Date ofWhat test confirmed diagnosis? Clinical Was there an autopsy? No

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

Accident, suicide, or homicide?

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) C. A. McBurney, M. D.(Address) Slater, 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.

