114

REC'D JUN 24 1938

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

Do not use this space.

File No. 19852

Registered No. 14

1. PLACE OF DEATH

County: Wright — Registration District No. 907

Township: Pleasant Valley — Primary Registration District No. 4548

City: Mansfield (No. ..... St. ..... Ward)

2. FULL NAME Elbert B Hensley

(a) Residence, No. 524 St. ..... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 61 yrs. 0 mos. 3 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Maude Reynolds Hensley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 12 1876

7. AGE: Years 62 — Months 10 — Days 3 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tax assessor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Gov-

10. Date deceased last worked at this occupation (month and year): 0

11. Total time (years) spent in this occupation: 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mansfield Missouri

FATHER

13. NAME: John Hensley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

MOTHER

15. MAIDEN NAME: Elizabeth Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mansfield Missouri

17. INFORMANT (ADDRESS): Maude Hensley Mansfield Mo.

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Mansfield Cem. DATE: May 17 1938

19. UNDERTAKER (ADDRESS): F. A. Steffe Mansfield Mo

20. FILED: May 20 1938 J. M. D. Short Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 5/15 1938

22. I HEREBY CERTIFY, That I attended deceased from Unknown, 19..., to The Lord, 19..., I last saw him alive on ..., 19..., Death is said to have occurred on the date stated above, at 10:30 a.m.

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

	Date of onset
Self inflicted gunshot wound in head	

Other contributory causes of importance: 167

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external cause (violence), fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 5/15, 1938
Where did injury occur? Mansfield 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? No
If so, specify .....

(Signed) George Stepp (Coroner) M.D.

(Address) Mtn Grove Mo

832

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.