

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.

REC'D JUL 14 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County

Township

City

(No.

Registration District No.

Primary Registration District No.

File No.

Registered No.

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

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

M.

4. COLOR OR RACE

W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

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

Ellen Hensley

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

Nov 25, 1859

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1
day, ... hrs.
or min.

74

5

29

OCCUPATION

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

Farmer.

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)

Missouri

MOTHER

13. NAME

Jim Hensley

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

Olinburg

15. MAIDEN NAME

Unknown

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

Unknown

17. INFORMANT
(ADDRESS)L. R. Hensley
Salem, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Barton Hill

DATE

June 27, 1939

19. UNDERTAKER
(ADDRESS)O. B. McChesney
Mountain View, Ark.

20. FILED

6-27

19

39

CA Beach

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

June 24, 1939

22. I HEREBY CERTIFY, that I attended deceased from

6-23, 1939, to 6-24, 1939

I last saw him alive on 6-23, 1939. Death is said

to have occurred on the date stated above, at 5:45 P.M.

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

Mitral insufficiency

Date of onset

Other contributory causes of importance:

Chronic interstitial
nephritis

1938

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

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?

If so, specify

(Signed)

CA Beach
E. Beach, M.D.

580

(Address)

RECEIVED..

District Health Officer No. 6,

District File Number 739-1463

Date Filed JUL 13 1939

1,000,000