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.

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

Do not use this space.

19134

File No. .....

Registered No. .....

1. PLACE OF DEATH
County Nodaway 20 Registration District No. 619
Township Atchison Primary Registration District No. 5821
City ..... (No. RR#1 Clearmont, Mo. ..... St. ..... Ward)

2. FULL NAME 524 Beryl Howard Hensley
(a) Residence, No. RR#1 Clearmont, Mo. ..... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 19 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 OF Jennie Cox

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9, 1897

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
42	9	0	

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) 3-1940
11. Total time (years) spent in this occupation 22

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Hopkins Mo.

FATHER
13. NAME Tilghman Hensley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wankesha Illinois

MOTHER
15. MAIDEN NAME Ella Spencer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bedford Iowa

17. INFORMANT (ADDRESS) Hopkins M Cox RR#1 Clearmont, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hopkins Mo DATE Mch. 12, 1940

19. UNDERTAKER (ADDRESS) Stanley Swanson Hopkins Mo

20. FILED 3/12 1940 W B Humphrey Registrar. 550

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 9, 1940

22. I HEREBY CERTIFY, That ~~I attended deceased from~~ ....., 19...., to ....., 19....
~~I last saw h..... alive on ....., 19....~~ Death is said to have occurred on the date stated above, at 3:00 a.m.
The principal cause of death and related causes of importance were as follows:

Suicide, by phenol

Date of onset

Other contributory causes of importance: 16 2

Name of operation none Date of .....
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? suicide Date of injury 3/9, 1940
Where did injury occur? near Clearmont Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. farm home
Manner of injury drank phenol solution
Nature of injury poisoning, systemic

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) Chas. D Humbrid M. D.
(Address) Coroner, Nodaway Co., Mo.

RECEIVED
District Health Officer No. 11,
District File Number 640-542
Date Filed JUN 10 1940