

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

Do not use this space.

39328-A

1. PLACE OF DEATH

County Daviess
 Township Flat Creek #1
 City Wm Green Hensley (No. _____) (St. _____ Ward)

Registration District No. 29
 Primary Registration District No. 5038

File No. _____
 Registered No. 57

2. FULL NAME

(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 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) married

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (write name of) Leina Hensley

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 10 - 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
39 1 20

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Joe Ark
 (STATE OR COUNTRY)

10. NAME OF FATHER J. H. Hensley

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Spain
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Diana Nix

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ga.
 (STATE OR COUNTRY)

14. INFORMANT Mrs. Leina Hensley
 (Address) Cassville Mo.

15. FILED Apr. 29 1929 Mrs. N. R. Williams REGISTRAR
Pvt.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/30/28 19 28

17. I HEREBY CERTIFY That I attended deceased from 12.29 1928 to 12.30 1928 that I last saw him alive on 12-29 1928, and that death occurred, on the date stated above, at 7 00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

suppuration

CONTRIBUTORY (SECONDARY) 11/10 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH:

Did an operation precede death? no DATE OF ✓

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Microscopic

(Signed) St. Neuman M. D.

, 19 (Address) Cassville, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL with Cem. DATE OF BURIAL 12/30 1928

20. UNDERTAKER Nealey H. Bradford ADDRESS Cassville

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.

