

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

Do not use this space.

20466

1. PLACE OF DEATH
 County Montgomery Registration District No. 592
 Township Primary Registration District No. 4330
 City Montgomery (No., St. Ward

File No.
 Registered No.

2. FULL NAME Seth E. Hensley Jr.
 (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 Life 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) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/19/33
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 15
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Data 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) Near Montgomery Mo

13. NAME Seth E. Hensley

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

15. MAIDEN NAME Maria Logan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near New Florence Mo

17. INFORMANT (ADDRESS) Seth Hensley Montgomery City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE White Cemetery DATE 6/5/33

19. UNDERTAKER (ADDRESS) C. W. Hopkins Montgomery City Mo

20. FILED 6-10 1933 D. J. Reilly Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/4/33, 1933
 22. I HEREBY CERTIFY, That I attended deceased from May 24, 1933, to June 4, 1933.
 I last saw him alive on June 3, 1933. Death is said to have occurred on the date stated above, at 9 P. m.
 The principal cause of death and related causes of importance were as follows:
Indigestion Choking Date of onset May 1933
Gastro Intestinal
1180
1198
 Other contributory cause of importance:
 Name of operation Date of
 What 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? 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 David Nowlin, M. D.
 (Signed) Montgomery City, Mo.
 (Address) Montgomery City, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MIN 23 1933

