

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

Do not use this space.

27205-A

1. PLACE OF DEATH

77 County Stark Registration District No. 649
Township Noble Primary Registration District No. 6286
City Noble (No.) St. Ward)

File No.
Registered No. 14

2. FULL NAME

Daniel Hensinger
(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 male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-2-1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 11 24

8. Trade, profession, or particular kind of work done, as splaner, 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) Penn.

FATHER 13. NAME John Wessinger

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

MOTHER 15. MAIDEN NAME Lillie Peters

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Noble Stark, Mo.

17. INFORMANT Lillie Wessinger Noble (ADDRESS) Noble Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Peters Cemetery DATE Aug 23 1933

19. UNDERTAKER neighbors (ADDRESS)

20. FILED Aug 26 1933 Lattie V. Davis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 26 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1933, to Aug 26 1933

I last saw him alive on June 2 1933 Death is said

to have occurred on the date stated above, at 9:30 a.m.

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

Pulm. - Tuberculosis Date of onset cont./mo.

Other contributory causes of importance: 7-9 A

Name of operation none Date of

What test confirmed diagnosis R. X. 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? no
If so, specify

(Signed) R M Norman M. D.

(Address) Ava Mo

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.

NOV 10 1933

