

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

Do not use this space.  
**26828**

1. PLACE OF DEATH  
 70- County **Montgomery** Registration District No. **592**  
 5- Township ..... Primary Registration District No. **1250**  
 2- City **Montgomery** (No. .... St. .... Ward)

2. FULL NAME **Albert B. Hensley**  
 (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 **50** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Widowed</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Mattie Hensley</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Feb 27th 1861</b>		
7. AGE	YEARS <b>71</b>	MONTHS <b>5</b>
	DAYS <b>22</b>	IF LESS than 1 day, .... hrs. or .... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Farmer</b>	
	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) <b>Near Buell Mo</b>		
FATHER	13. NAME <b>Pitman Hensley</b>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Virginia</b>	
MOTHER	15. MAIDEN NAME <b>Darcas White</b>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Montgomery Co Mo</b>	
17. INFORMANT (ADDRESS) <b>Alex Hensley East St Louis Ill.</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>White Cenetery</b> DATE <b>8/7/32</b>		
19. UNDERTAKER (ADDRESS) <b>C. W. Hopkins Montgomery City Mo</b>		
20. FILED <b>Aug 10 1932</b> <b>O. J. Bentley</b> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug. 5 1932**

22. I HEREBY CERTIFY, That I attended deceased from **July 30 1932** to **Aug. 5 1932**  
 I last saw h. alive on **Aug. 3 1932** Death is said to have occurred on the date stated above, at **11 A. m.**  
 The principal cause of death and related causes of importance were as follows:  
**Aneurysm of the Aorta**  
**9/6**  
**9/6**  
 Other contributory causes of importance:  
 Name of operation..... Date of.....  
 What test confirmed diagnosis? **clinical** 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? **No**  
 If so, specify.....  
 (Signed) **Buell Merrifield**, M. D.  
 (Address) **Montgomery City, 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.

AUG 25 1932

