

MAY 29 1928

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

Do not use this space.

3942-A

## 1. PLACE OF DEATH

County BarryRegistration District No. 29Township Flat CreekPrimary Registration District No. 402City Cassville (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. 102. FULL NAME Julius H. Henley(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

## 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

Fannie Henley6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-29-1882

## 7. AGE

YEARS  
45MONTHS  
10DAYS  
7

IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Cafe Operator

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

## 9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Barry Co Mo

## 10. NAME OF FATHER

Dark Henley

## 11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Barry Co Mo

## 12. MAIDEN NAME OF MOTHER

Helmina Clark

## 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Iowa

## 14.

INFORMANT Fannie Henley  
(Address) Cassville Mo

## 15.

FILED May 19 28Mrs. H. R. Williams  
Dpt. REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-5-1928

17.

I HEREBY CERTIFY, That I examined deceased only a few minutes before he died. It had 50 feet from my house in Cassville, and that death occurred, on the date stated above, at 7 a m.

## THE CAUSE OF DEATH\* WAS AS FOLLOWS:

I do not know. He died in a hard Convulsion only a few minutes after I got to him.  
87B (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

## CONTRIBUTORY (SECONDARY)

I do not know  
5B (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

## 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? None(Signed) D. G. Mitchell, 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

DATE OF BURIAL

Mt. Pleasant2-6 1928

## 20. UNDERTAKER

ADDRESS

Horne Funeral ServiceCassville Mo

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.

