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

Do not use this space.

23582

AUG 26 1930

1. PLACE OF DEATH

County Miller — Registration District No. 56C-1?

Township Saline — Primary Registration District No. 5-75-5-

City ..... (No. ....., ... St. ..... Ward)

File No. 77

Registered No. 44

2. FULL NAME John B. Henley

(a) Residence. No. Eugene Mo. St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Missouri Henly

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 28th 1855

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
75	5	18	

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) Henley
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER William Henley

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

12. MAIDEN NAME OF MOTHER Jane Davis

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) No Record

14. INFORMANT Mrs Floy Miller
(Address) Eugene Mo.

15. FILED 8-18-1930 ~~Hugh L. Carter~~ 8-11-1930 Belle Haynes REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 16th 1930

17. I HEREBY CERTIFY, That I attended deceased from May 15, 1930, to July 16, 1930 that I last saw him alive on July 13, 1930 and that death occurred, on the date stated above, at 11-15 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Spleen
53E

..... (duration) ..... yrs. 9 mos. ..... ds.

CONTRIBUTORY (SECONDARY) 49

..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH .....

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) W. L. Leslie, M. D.

7-18-1930 (Address) Russellville 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
Spring Garden Cem.	July 18 1930
20. UNDERTAKER	ADDRESS
G. N. Steffens	Russellville 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.