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

Do not use this space.

7064

1. PLACE OF DEATH
103 County Stoddard — Registration District No. 826 — File No. 11
3 Township Liberty — Primary Registration District No. 4507 — Registered No. 11
3 City Bernie Mo (No. ..... St. ..... Ward)

2. FULL NAME Joel James Hendley
(a) Residence No. ..... 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.

MAR 25 1932

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harriett Hendley

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 16 — 1846

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
85	4	10	

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) Glasco Ky 2
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Nimrod Hendley
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dont No 31
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Pettie
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Glasco Ky 2
(STATE OR COUNTRY)

14. INFORMANT W W Hendley
(Address) Bernie, Mo.

15. FILED 3/1, 1932 Florence L. Allen
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/26 1932

17. I HEREBY CERTIFY, That I attended deceased from 12-18, 1931, to 2-26, 1932 that I last saw h..... alive on 2-23, 1932, and that death occurred, on the date stated above, at 1:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Senility
69 B
162 (duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Auto-intoxication
..... (duration) ..... yrs. ..... mos. ..... ds.

69

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? Symptoms
(Signed) J. Hiddle, M. D
..., 19 ... (Address) Bernie, 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: Stephens
DATE OF BURIAL: 2-27 1932

20. UNDERTAKER: B M Hopkins
ADDRESS: Bernie 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.