

SEP 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County Scott
Township Bellevue
City Oran (No. _____)

Registration District No. 820
Primary Registration District No. 4496

File No. 31952
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Louis Garret Henley

(a) Residence, No. _____ St. _____
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louisa Henley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-6 1870

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>67</u>	<u>2</u>	<u>9</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Pope Co. Ia

13. NAME Andrew J. Henley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Jane Swinford

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT (ADDRESS) Marion Henley

18. BURIAL, CREMATION, OR REMOVAL PLACE Oran mo DATE 8/17 1937

19. UNDERTAKER (ADDRESS) Bansling Hoff & Hubbard

20. FILED 9/9 1937 W. L. Knauer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 15th 37

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw him dead on 8/15, 1937. Death is said to have occurred on the date stated above, at 030 m. The principal cause of death and related causes of importance were as follows:

Barbaric Acid swallowed with suicidal intent

Other contributory causes of importance: 163

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

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.
Investigation made
Nature of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation or dismissed?
If so, specify _____
(Signed) J. P. Sanders
(Address) Oran, 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.

