

WRITE PLAINLY WITH UNFADING INK—THIS IS A FEDERAL BUREAU OF INVESTIGATION FORM  
 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH STATE **STATE OF TENNESSEE** 236  
 County Jackson  
 Civil Dist. 9 Registration District No. 44409 File No. 9  
 Village \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registered No. 8  
 City \_\_\_\_\_ (No. \_\_\_\_\_ St.: \_\_\_\_\_ Ward)

2 FULL NAME Joseph Joseph Henry

**PERSONAL AND STATISTICAL PARTICULARS**

3 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED married  
 (Write the word)

6 DATE OF BIRTH Sept 30 1894  
 (Month) (Day) (Year)

7 AGE 35 yrs. 9 mos. 24 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION Farmer 000  
 (a) Trade, profession, or particular kind of work.  
 (b) General nature of industry, business, or establishment in which engaged (or employer)

9 BIRTHPLACE (State or country) Jackson County Tenn

**PARENTS**

10 NAME OF FATHER J. H. Hendley

11 BIRTHPLACE OF FATHER (State or country) Jackson Tenn

12 MAIDEN NAME OF MOTHER Francis Allen

13 BIRTHPLACE OF MOTHER (State or country) Jackson Tenn

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH July 24 1920  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 17 Day of June 1920 to 24 July 1920, that I last saw him alive on 24 July 1920 and that death occurred, on the date stated above, at 4 A M.  
 The CAUSE OF DEATH\* was as follows:  
Supposed liver la

[Duration] yrs. mos. ds.

Contributory (SECONDARY) Hemorrhage  
 [Duration] yrs. mos. ds.

Signed W. A. Howard M. D.  
July 24 1920 Address Cookeville

\* State the DISEASE CAUSING DEATH, or, in death from VIOLENT CAUSE, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS TRANSIENTS, OR RECENT RESIDENTS]  
 At place of death yrs. mos. ds. In the State yrs. mos. ds.  
 Where was disease contracted, if not at place of death?  
 Farmer or usual residence \_\_\_\_\_

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 [Informant] J. H. Hendley  
 [Address] Cookeville Tenn

15 Filed Sept 20 1920 J. M. Ballard  
 REGISTRAR

19 PLACE OF BURIAL OR REMOVAL Smith Chapel DATE OF BURIAL 26 July 1920

20 UNDERTAKER Friends ADDRESS \_\_\_\_\_