KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	25-1054-CJ	Version Type:	AMENDED
Report Date:	12/29/2025 8:29 AM	Status:	Submitted

Agency/Facility Information

Agency Name:	Montgomery County Sheriff's Office	Agency Address:	1 Criminal Justice Drive
Agency City:	Conroe	Agency State:	TX
Agency Zip:	77301		

Director Information

Director Salutation:	Sheriff	Director First Name:	Wesley
Director Middle Name:			
Director Last Name:	Doolittle		
Reporter Name:	Christopher Evans	Reporter Email:	christopher.evans@mctx.org

Decedent Information

Identity of Deceased

First Name: Jessica

Middle Name: Sheeri

Last Name: Henry

Suffix:

Date of Birth: 7/8/1986 Sex: Female

Race: Anglo or White

Age At Time Of Death: 39

Date/Time of Custody (arrest, incarceration) (mm/dd/yyyy hh:mm AM/PM):

Date/Time of Custody or Incident: 7/23/2025 7:00 PM

Date/Time of Death (mm/dd/yyyy hh:mm AM/PM):

Death Date and Time: 7/24/2025 5:22 PM

Manner / Cause of Death

Has a medical examiner or coroner conducted an evaluation to determine a cause of death?

Medical Examiner/Coroner Evaluation?: Yes, results are available

What was the manner of death? (select only one)

Manner of Death: Could not be determined

Medical Cause of Death:

Medical Cause of Death:

Per the autopsy report completed on 06/25/26 the Medical Examiner's office ruled the cause and manner of death as undetermined.

Had the decedent been receiving treatment for the medical condition that caused the death after admission to your jail's jurisdiction?

Medical Treatment:	No

If death was an accident, homicide or suicide, who caused the death?

Who caused the death?:	Unknown whether decedent sustained a fatal injury

If a weapon caused the death, what type of weapon caused the death? (Hold CTRL to select all that apply)

Type of weapon that caused death?:	Unknown

Was the cause of death the result of a pre-existing medical condition or did the decedent develop the condition after admission?

Pre existing medical condition?:	Not Applicable; cause of death was accidental injury, intoxication, suicide or homicide

If death was an accident, homicide or suicide, what was the means of death?

Means of Death:	Unknown

Location / Custody Information

Where did the event causing the death occur?

Street Address:	1 Criminal Justice Dr.	City:	Conroe
County:	Montgomery	Zip:	77301

What location category best describes where the event causing the death occurred?

Location Category:	Law Enforcement Facility

What type of custody/facility was the Decedent in at the time of death:

Type of Custody:	County Jail

Specific type of custody/facility:

Specific Type of Custody/Facility:
Jail - multiple occupancy cell

What was the time and date of the deceased's entry into the law enforcement facility where the death occurred (mm/dd/yyyy hh:mm AM/PM):

Entry Date Time:	4/24/2025 10:15 PM

Where did the death occur?

Death Location:	Law enforcement facility/booking center

General Information

Did any other law enforcement agencies respond to calls for service related to this incident?

Other Agencies Respond?: No

What were the most serious offense(s) with which the deceased was (or would have been) charged with at the time of death?

Offense 1:

Assault Peace Officer (F2)

Offense 2:

Offense 3:

Were the Charges:: Filed

What were the types of charges or reason for contact? (Hold CTRL to select all that apply)

Type of Offense: Violent Crime Against Persons

At any time during the incident and/or entry into the law enforcement facility, did the decedent display or use a weapon?

Decedent display/use of weapons: No

At any time during the incident and/or entry into the law enforcement facility, did the decedent:

Attempt to Injure Others?: No

At any time during the incident and/or entry into the law enforcement facility, did the decedent:

Appear intoxicated (alcohol or drugs): No

Make suicidal statements?: Unknown

Exhibit any mental health problems?: Unknown

Exhibit any medical problems?: Unknown

At any time during the incident and/or entry into the law enforcement facility, did the decedent:

Barricade self or initiate standoff?:	No	Resist being handcuffed or arrested?:	No
Physically attempt/assault officer(s):	No	Gain possession of officer's weapon:	No
Verbally threaten other(s) including law:	No	Escape or attempt to escape/flee custody:	No
Attempt gain possession officer's weapon:	No		

Was the deceased under restraint in the time leading up to the death or the events causing the death?

Under Restraint:	No

Summary of Incident

Summary of How the Death Occurred: (max. 30,000 characters)

Summary:

On 07/23/2025 Inmate Jessica Henry possibly ingested an unknown substance and collapsed in her cell. Other inmates summoned detention officers to assist. Upon interview the other inmates stated Jessica was drinking a lot of water in a short time span and began throwing up. Jessica was transported to a local hospital where she was pronounced deceased on 07/24/25 at approximately 5:22pm. On 06/25/26 the autopsy report was completed and the manner and cause of death are listed as undetermined.