

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

PLACE OF DEATH  
County Wright  
Township \_\_\_\_\_ Registration District No. 908 File No. 8007  
or  
Village \_\_\_\_\_ Primary Registration District No. 4549 Registered No. 16  
or  
City Mount Grove (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME John S Herrin

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH March 8, 1867  
(Month) (Day) (Year)

AGE 44 yrs. 11 mos. 12 ds. If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.?

OCCUPATION  
(a) Trade, profession, or particular kind of work Carpenter  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

BIRTHPLACE (City or town, State or foreign country) Missouri 5-01

PARENTS  
NAME OF FATHER Geo Herrin  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Kentucky  
MAIDEN NAME OF MOTHER Sucey Raney  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Kentucky

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Clarence Herrin  
(ADDRESS) Mount Grove mo

Filed Feb 21, 1912, E. J. Butzke  
held for correction REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 19, 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Aug 20, 1910, to Sept 15, 1910, that I last saw him alive on about May 12, 1912, and that death occurred, on the date stated above, at 6 a.m.  
The CAUSE OF DEATH\* was as follows:

Carcinoma of  
45F Troch (Duration) 2 yrs. \_\_\_\_ mos. \_\_\_\_ ds.

Contributory (SECONDARY) \_\_\_\_\_ (Duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.  
(Signed) Chas P Baynes M. D.  
Mar 9, 1912 (Address) W. G. Grose No 0

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

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? \_\_\_\_\_

Former or usual residence \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL Sweetes Corn DATE OF BURIAL Feb 21, 1912

UNDERTAKER H. J. Fenwick ADDRESS Mount Grove

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

MARGIN RESERVED FOR BINDING

V. S. No. 2.

