

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

5417

1. PLACE OF DEATH

County Marion  
Township Mason  
City Hannibal

Registration District No. 547  
Primary Registration District No. 3039  
1435 Valey

File No. \_\_\_\_\_  
Registered No. 50  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Rosene Lacerge Herring

(a) Residence. No. 1435 Valey St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

L.W. Herring

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 1 1884

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
42 8 8

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Calaway, Co. Mo.

PARENTS

10. NAME OF FATHER B.T. Mosley

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Boon Co. Mo.

12. MAIDEN NAME OF MOTHER Ellen Newson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Calaway, Co. Mo.

14. INFORMANT L.W. Herring  
(Address) 1435 Valey, St. Hannibal, Mo.

15. FILED 3/12 27 1927 O. Stode REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 9 1927

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at 1 07:10 A.M. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

1590 Pneumonia  
15413  
(duration) yrs. 6 mos. 15 ds.

CONTRIBUTORY (SECONDARY) unknown  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS? Aspirin P.O.

(Signed) \_\_\_\_\_

, 19 (Address) Hannibal, 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 mt Olivet DATE OF BURIAL Feb 10 19 27

20. UNDERTAKER Wm M. Smith ADDRESS Hannibal

