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

Do not use this space.

19405

1. PLACE OF DEATH

County St Louis — Registration District No. 780 — File No.

Township [redacted] — Primary Registration District No. 6033 — Registered No. 170

City [redacted] HC (No. 1221 SUNSET AVE St. Ward)

2. FULL NAME EMMA MOORE HERRON

(a) Residence. No. 1221 SUNSET AVE St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
FEMALE	WHITE	MARRIED

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) AUG 6-1856

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
71	10	11	

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) LEBONON ILLINOIS
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER THOMAS MOORE

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ILLINOIS
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER MARY NICHOLS

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) ILLINOIS

14. INFORMANT Samuel P. Herron
(Address) 1221 Sunset ave

15. FILED 6-18 1927 J. B. Sudduth
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 17th 1927

17. I HEREBY CERTIFY, That I attended deceased from June 5th, 1927, to June 17th, 1927, that I last saw her alive on June 17th, 1927, and that death occurred, on the date stated above, at 11.50 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral hemorrhage (apoplexy)

82A

82D 7401

(duration) yrs. mos. 12 ds.

CONTRIBUTORY (SECONDARY) 1st hemorrhage about 11 yrs ago Partial hemiplegia ever since (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical examination

(Signed) R. Brent Murphy, M. D

June 18, 1927 (Address) 6120 Victoria Ave

*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	DATE OF BURIAL
Lebanon Ill	June 2 1927
20. UNDERTAKER	ADDRESS
C. R. Lupton	4449 Olive

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.

WHITE PLANET, WITH UNFADING INKLEDING IS A PERMANENT RECORD

Highland
01.07
6120 Victoria Ave