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.

1928

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

Do not use this space.

1. PLACE OF DEATH

County Caldwell, Registration District No. 93 File No. 4201

Township Davis, Primary Registration District No. 5138 Registered No. 2

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Lena Herndon,

(a) Residence. No. ..... 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,	Single,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) November-15"-1890

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	37	3	10	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Clerk,

(b) General nature of industry, business, or establishment in which employed (or employer) Book work,

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Caldwell, Co., MO
(STATE OR COUNTRY) Mo.,

PARENTS

10. NAME OF FATHER J. T. Herndon,

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

12. MAIDEN NAME OF MOTHER Sarah Shouse,

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

14. INFORMANT Mrs. Sarah Keith,
(Address) Braymer, Mo.,

15. FILED Mch 11. 1928. Hiff Patterson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) February 25 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct. 1927, to February 1928 that I last saw her alive on Feb. 25 1928 and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Parenchymatous Nephritis
131
(duration) 4 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 1248
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? No DATE OF None

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Cardinal B. Wooley, M.D.

Feb 28, 1928 (Address) Braymer, 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	DATE OF BURIAL
Braymer Evergreen Cemetery	Feb. 26" 1928

20. UNDERTAKER	ADDRESS
E. P. Michael	Braymer, Mo.