MAY 31 1928

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

Do not use this space.

12896

1. PLACE OF DEATH
County: Greene — Registration District No. 318 — File No.
Township: — Primary Registration District No. 2001 — Registered No. 251
City: Springfield (No. St John Hospital St. Ward)

2. FULL NAME: N. G. Cherry
(a) Residence. No. Rockaway Beach St., Ward. (If nonresident give city or town and State)
(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: M
4. COLOR OR RACE: Wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 19 1872

7. AGE: Years 55 — Months 6 — Days 13 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Carthage
(STATE OR COUNTRY): Ill.

PARENTS
10. NAME OF FATHER: John Cherry
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Tenn.
12. MAIDEN NAME OF MOTHER: Rebecca Hall
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ohio

14. INFORMANT: Chas Cherry
(Address): Kansas City Mo

15. FILED 4/3 1928 O C Horst MD REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 4/2 1928

17. I HEREBY CERTIFY, That I attended deceased from Apr. 1, 1928, to Apr. 2, 1928, that I last saw him alive on Apr. 2, 1928, and that death occurred, on the date stated above, at 4:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Valvular heart disease — rheumatic, mitral & aortic
131
926 (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Chronic nephritis
(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Last illness began at Rockaway Beach
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) T B Lemmon, M. D
4/2, 1928 (Address) SPRINGFIELD, 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: Kansas City Mo — DATE OF BURIAL: 4/4 28

20. UNDERTAKER: Alvin Lohmeyer Funeral Home — ADDRESS: SPRINGFIELD, MO.

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