UG 29 1928

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123 — File No. 25059

Township Carondelet — Primary Registration District No. 6248 B — Registered No. 237

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

2. FULL NAME Lucian Herndon,

(a) Residence. No. 3831 Shanandoah St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred X yrs. 1 mos. 20 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)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 24, 1894

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	33	6	19	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Factory Worker

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Tennessee
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Charlie Herndon

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

12. MAIDEN NAME OF MOTHER Emma Newbrink

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

14. INFORMANT R. Koch Hospital Records
(Address) Koch, Missouri.

15. FILED July 14, 1928 L. C. Obrod, M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 13, 1928

17. I HEREBY CERTIFY, That I attended deceased from May 23, 1928, 19..., to July 13, 1928 that I last saw him alive on July 13, 1928 and that death occurred, on the date stated above, at 10:45 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis

93 B

85

About 31 (duration) 4 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Epilepsy

About (duration) 4 yrs. ..... mos. ..... ds.

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

0 DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? X-Ray & Sputum

(Signed) Joe H. Price, M. D

7/13/28, 19 (Address) Koch Hospital

*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 Caruthersville, Mo — DATE OF BURIAL 7/16 1928

20. UNDERTAKER Deiss - Willmering — ADDRESS 2203 Salisbury St.

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.

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