

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **701**

701

003

Township.....

Primary Registration District No.

File No. **28742**

28742

Registered No. **8207**

8207

City **St. Louis, Mo** (No. **Trisco Hosp.**)

St. Ward)

2. FULL NAME

(A. H.) Herbert Arthur D.

(a) Residence. No. St. Ward. **12** **Poplar Bluff, Mo.**
(Usual place of abode)

Poplar Bluff, Mo.
(If nonresident give city, town and State)

Length of residence in city or town where death occurred yrs. mos. da.

How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

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

Mr. A. Herbert

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

July 31 1860

7. AGE

YEARS **68**

MONTHS **0**

DAYS **12**

IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

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

Conductor

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

Trisco RR.

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Kentucky

10. NAME OF FATHER

Geo. Herbert

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

England

12. MAIDEN NAME OF MOTHER

Salina Carter

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

England

14.

INFORMANT (Address)

**Miss Berenice Herbert
5876 Cabanne Ave.**

15.

FILED

**1928
M. C. Tankerly
REGISTRAR**

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **8-12-1928**

17.

I HEREBY CERTIFY, That I attended deceased from **Aug 7**, 19**28**, to **Aug 12**, 19**28**, that I last saw b. ~~ear~~ alive on **Aug 12**, 19**28**, and that death occurred, on the date stated above, at **10:38** A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia, Broncho-

CONTRIBUTORY (SECONDARY)

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?

(Signed) **R. Higgins**, M. D.

, 19 (Address) **4966 Leaside 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

Poplar Bluff Mo Aug 13 1928

20. UNDERTAKER

ADDRESS

Mullen and Co. Delmas.

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

