JAN 23 1929

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

Do not use this space.
40447

1. PLACE OF DEATH
County: Jackson — Registration District No. 398
Township: Blue — Primary Registration District No. 3019
City: Independence (No. ..... St. ..... Ward) — File No. ..... Registered No. 447

2. FULL NAME Mattie Jane Herrington
(a) Residence. No. 640 N Pleasant 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	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 9 1860

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	68	11	19	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer): none
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Clarke County Ohio
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER John Dolow
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Clarke Cy Ohio
12. MAIDEN NAME OF MOTHER Letitia Mills
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Clarke Cy
(STATE OR COUNTRY) Ohio

14. INFORMANT E. E. Goodloe
(Address) Blue Springs Mo.

15. FILED 12-21 1928 F. L. Cook
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 19 1928

17. I HEREBY CERTIFY, That I attended deceased from July 1928, to Dec 19 1928, that I last saw her alive on Dec 18 1928, and that death occurred, on the date stated above, at 2:15 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
23A
(duration) 10 yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) .....
(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? Clinical
(Signed) J. C. Hickman, M. D
Dec 20, 1928 (Address) Independence 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: Blue Springs Mo. — DATE OF BURIAL: Dec 22 1928
20. UNDERTAKER: Allen Mitchell — ADDRESS: Independence Mo.

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.