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

Do not use this space.

5585

MAR 1 1929

1. PLACE OF DEATH

County Buchanan Registration District No. 85 File No.

Township Primary Registration District No. 1001 Registered No. 254

City St. Joseph, (No. 510 North 12th. St. Ward)

2. FULL NAME John Miles Herndon,

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

Length of residence in city or town where death occurred yrs. mos. 17 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	Widowed,

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Annie Cardwell Herndon,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 1st. 1845

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	83	9	26	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Irven, (STATE OR COUNTRY) Kentucky,

PARENTS

10. NAME OF FATHER Elijah Herndon,

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

12. MAIDEN NAME OF MOTHER Unknown,

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

14. INFORMANT E. A. Herndon (Address) 510 North 12th. Street.

15. FILED FEB 27 1929 John E. Ut BB REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feby 27, 1929

17. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19.... that I last saw h.... alive on ....., 19...., and that death occurred, on the date stated above, at 12:05 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Interstitial Nephritis

121

122B (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Uremia

(duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. E. Whitsell, M. D.

, 19 (Address) 824 Edmond

*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 DeKalb, Mo. Cemetery DATE OF BURIAL March 1, 1929

20. UNDERTAKER Preston-Bell-Mole-Bowman ADDRESS 319 S. 10 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.

1 2 2 2

to 837 Karlo Removed Home