Apr 26 1929

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

Do not use this space.

11568

1. PLACE OF DEATH

County: Miss — Registration District No.: 566 — File No.:

Township: Ty wappity — Primary Registration District No.: 5762 — Registered No.: 38

City: (No. ..., ... St. ..... Ward)

2. FULL NAME Tercie Herron

(a) Residence. No. ..... 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: F
4. COLOR OR RACE: Bl
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Baby

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mar 19th 1929

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

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

1 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Miss County Mo

PARENTS

10. NAME OF FATHER: Andrew Herron

2 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Greenwood Miss

12. MAIDEN NAME OF MOTHER: Ora Bethea

2 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Jernada Miss

14. INFORMANT: Andrew Herron
(Address): Charleston Mo

15. FILED: Mar 20th, 1929 — F S Vernon, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mar 19th 1929

17. Did not have doctor
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 ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Unknown Medicine wailed on mother and don't know cause of death.
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Possibly premature birth
..... (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? History by Family
(Signed) Frank S Vernon M.D.
, 19 (Address) Charleston Mo Coroner

*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: Old Shelby Grove yard — DATE OF BURIAL: 3-20- 1929

20. UNDERTAKER: Private — ADDRESS: None

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.