

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

Do not use this space.

17671

**1. PLACE OF DEATH**

County Cooper  
Township  
City Boonville (No. .... St. .... Ward)

Registration District No. 215  
Primary Registration District No. 3015

File No. ....  
Registered No. 61

**2. FULL NAME**

Alice Lucille Herendinger

(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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 27-1929

7. AGE YEARS MONTHS DAYS IT LESS than 1 day, 7 hrs. or ... mts.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Boonville Mo.  
(STATE OR COUNTRY)

10. NAME OF FATHER Fred Herendinger

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

12. MAIDEN NAME OF MOTHER Augusta Hazel

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Cooper County, Mo.  
(STATE OR COUNTRY)

14. INFORMANT Fred Herendinger  
(Address) Boonville Mo

15. FILED 5-28-29 M. Smiley REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 28 1929

17. I HEREBY CERTIFY, That I attended deceased from May 27 1929, to May 28 1929, that I last saw her alive on May 28 1929, and that death occurred, on the date stated above, at 3:00 P. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

congenital atelectasis  
16/17  
16/2 (duration) yrs. 7 mos. ds.

CONTRIBUTORY (SECONDARY) 16/2 (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? Physical findings  
(Signed) T. Beckett M. D.

5-28 1929 (Address) Boonville, 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 Pleasant Grove DATE OF BURIAL May 28 1929

20. UNDERTAKER Goodman & Bolter ADDRESS Boonville 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.

RECORD

5-25-29

26

