

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.

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

Do not use this space.

31593

## 1. PLACE OF DEATH

County

Township

City

(No.

Registration District No.

Primary Registration District No.

File No.

Registered No.

St.

Ward)

## 2. FULL NAME

(a) Residence. No.

(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 yrs.

mos.

ds.

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

yrs.

mos.

ds.

## 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

Rosa B. Herd

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

Dec 6 1869

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, ..... hrs.

or ..... min.

59

9

12

## 8. OCCUPATION OF DECEASED

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

Farmer

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

(c) Name of employer

## 9. BIRTHPLACE (CITY OR TOWN)

near Lodi

(STATE OR COUNTRY)

Ozark Co mo

## 10. NAME OF FATHER

John Herd

## 11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Tenn

(STATE OR COUNTRY)

## 12. MAIDEN NAME OF MOTHER

Malinda Forest

## 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Ozark Co

(STATE OR COUNTRY)

## 14.

INFORMANT

(Address)

Bertha Smith

Isabella m

## 15.

DATE

(Month, Day and Year)

Sept 19 1929 Mary F. Johnson

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

## 16. DATE OF DEATH (MONTH, DAY AND YEAR)

Sept 18 1929

## 17.

I HEREBY CERTIFY that I attended deceased from

no medical aid, 19, to, 19, that I last saw him on last illness, 19, and that death occurred, on the date stated above, at 3:15 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Tubercular Tuberculosis of lungs 234 (duration) 5 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? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

Bertha Smith M. D.

Sept 19 1929 (Address)

Isabella m

\*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

Isabella Cemetery Sept 19 1929

## 20. UNDERTAKER

ADDRESS

John Blair Isabella m

