

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

Do not use this space.

34610

1. PLACE OF DEATH

County Bark

Township Berkshire

City Ne

Registration District No. 920

Primary Registration District No. 5-858

File No.

Registered No. 23

St. Ward

2. FULL NAME

Perneia Jane Herd

(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 1 yrs. 6 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)

married

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

Samuel Herd

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

Oct 1, 1857

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

52

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

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

Lutie C. Zuercher
Missouri

10. NAME OF FATHER

William Mege

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

Illinois

12. MAIDEN NAME OF MOTHER

Sarah Futerick

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

Kentucky

14.

INFORMANT

(Address)

Samuel Herd
Lutie m

15.

DATE

Nov 9, 1929
Mary F. Johnson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Oct 1, 1929

17.

I HEREBY CERTIFY That I attended deceased from no medical aid that I last saw him alive on 19 and that death occurred, on the date stated above, at 4:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Dropsy of Heart

CONTRIBUTORY (SECONDARY)

Renal trouble
Caner of stomach

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) Samuel Herd, M.D.

Address Lutie 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

Lutie Cemetery Oct 2, 1929

20. UNDERTAKER

ADDRESS

Samuel Herd Lutie m

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.

62-427-29

no more
any more
of