

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

Do not use this space.

35666

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1603**  
City St. Louis Mo. (No. ....) Sanitarium St. .... Ward)

File No. ....  
Registered No. **10456** St. .... Ward)

**2. FULL NAME**

Cornelius Herron  
(a) Residence. No. 3921 Olive St., 13 Ward.  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 4 yrs. + mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sidney E. Herron</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>July 23, 1864.</u>		
7. AGE	YEARS <u>65</u>	MONTHS <u>3</u>
	DAYS <u>0</u>	IF LESS than 1 day, ..... hrs. or ..... min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Laborer</u> (b) General nature of industry, business, or establishment in which employed (or employer). <u>Unknown</u> (c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>		
PARENTS	10. NAME OF FATHER <u>Unknown</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>	
	12. MAIDEN NAME OF MOTHER <u>Unknown</u>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>	
14. INFORMANT (Address) <u>W. H. Eason 5400 Arsenal St. St. Louis Mo</u>		
15. FILED <u>24</u> 19 <u>29</u> <u>May C. Staley</u> REGISTRAR		

**MEDICAL CERTIFICATE OF DEATH**

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16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-23 1929

17. I HEREBY CERTIFY, That I attended deceased from 6-11 1929, to 10-23 1929 that I last saw him alive on 10-23 1929, and that death occurred, on the date stated above, at 3<sup>30</sup> m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS: 7 P.

Chronic Myocarditis  
93C  
97 (duration) 1 yrs. 5 mos. 37 ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis (duration) 1 yrs. 5 mos. 37 ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical  
(Signed) W. H. Eason M. D.

10-23 1929 (Address) 5400 Arsenal St. St. Louis 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 <u>Nashville Tennessee</u>	DATE OF BURIAL <u>Oct 24 1929</u>
20. UNDERTAKER <u>Cullman Bros</u>	ADDRESS <u>1 North Main St.</u>

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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