

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

Do not use this space.

40538

**1. PLACE OF DEATH**

County Jesson Registration District No. 398  
 Township Blue Primary Registration District No. 5554  
 City Blue Hill, Mo. (No. 11607 Perry St) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 431  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. 11607 Perry St 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**

**2 MEDICAL CERTIFICATE OF DEATH**

3. SEX Fe 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 18 1929

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

17. I HEREBY CERTIFY, That I attended deceased from Dec \_\_\_\_\_, 1928 to Dec 18, 1929 that I last saw h. or alive on Dec 5, 1929 and that death occurred, on the date stated above, at 7:45 p.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 13 - 1855  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
74 1 5-

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

Endocarditis

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

12.4.3  
92.3 (duration) yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 CONTRIBUTORY (SECONDARY) Sclerosis of liver  
 (duration) yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Ind

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

PARENTS  
 10. NAME OF FATHER Arthur Woodworth  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Ind.  
 12. MAIDEN NAME OF MOTHER Vine Pariss  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Ind

19. DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? No  
 WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_  
 (Signed) John A. Parker, M. D.

12-20, 1929 (Address) 315 Lee Bldg

\*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.

14. INFORMANT Mrs Everett Herring (Address) 11607 Perry St

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Elmwood Cem - DATE OF BURIAL Dec 21, 1929

15. FILED 12-20, 1929 F. Clark REGISTRAR

20. UNDERTAKER Rose Hendershaw ADDRESS City Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCURRING TO BE CLASSIFIED.

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