MAR 28 1930

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

Do not use this space.

5847

1. PLACE OF DEATH
County: Nodaway
Township: Hopkins
City: Hopkins
Registration District No.: 624
Primary Registration District No.: 4375
File No.:
Registered No.: 5
(No. ..... St. ..... Ward)

2. FULL NAME: William C Herbert

(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 60 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: Nancy Mills Herbert

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 18 - 1850

7. AGE: 79 YEARS; MONTHS: 3; DAYS: 26; If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Brick mason
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: Public Labor

9. BIRTHPLACE (CITY OR TOWN): Cuba
(STATE OR COUNTRY): Illinois

PARENTS
10. NAME OF FATHER: Jesse Herbert
11. BIRTHPLACE OF FATHER (CITY OR TOWN): (STATE OR COUNTRY): Ink
12. MAIDEN NAME OF MOTHER: Martha Hoffman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): (STATE OR COUNTRY): Penn

14. INFORMANT: Fred Herbert
(Address): Hopkins Mo

15. FILED 2/15 1930 O H Sayler REGISTRAR
Mar-12-30 C. P. Fryer M.E.C.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 2/14 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept, 1929, to 2/14, 1930 that I last saw him alive on 2/12, 1930, and that death occurred, on the date stated above, at 4:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Unknown
(Senility)
162 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): 164 (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?

(Signed) C W Kirk M. D
2/16 1930 (Address) Hopkins 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: Hopkins Cem Hopkins Mo
DATE OF BURIAL: Feb 16 1930

20. UNDERTAKER: A L Stithen 2658
ADDRESS: Bedford Ia

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.