MAR 28 1930

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

Do not use this space.

6075

1. PLACE OF DEATH
County Randolph — Registration District No. 735 — File No.
Township — Primary Registration District No. 2084 — Registered No. 278
City Moberley (No. , St. Ward)

2. FULL NAME John Clayton Herron
(a) Residence. No. 709 S. Williams 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

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 4, 1850

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	80	0	18	

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

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

PARENTS
10. NAME OF FATHER Don't Know
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't Know
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Don't Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't Know
(STATE OR COUNTRY)

14. INFORMANT Mrs. Omer Edwards
(Address) 709 S. Williams

15. FILED 2/25, 1930 Dr. Thos. S. Fleming REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 22 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 12, 1930, to Feb 22, 1930, that I last saw he alive on Feb 21, 1930, and that death occurred, on the date stated above, at 8:30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chr. Myocarditis
131
930
(duration) 10 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Chr Nephritis
(duration) 5 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) H C Griffiths M. D.
2-24, 1930 (Address) Moberly 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	DATE OF BURIAL
Higbee Cemetary	Feb 24 1930
20. UNDERTAKER	**ADDRESS**
Andrew Minor	Moberly

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.