

APR 30 1930

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

Do not use this space.

9698

1. PLACE OF DEATH

County Madaway

Registration District No. 626

File No.

Township

Primary Registration District No. 3031

Registered No. 23

City Maryville (No.)

St. Ward)

2. FULL NAME

(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 yrs. 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

John H. Herron

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

Mar 11 - 1859

7. AGE

YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 11 25

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

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Germany

PARENTS

10. NAME OF FATHER Henry J. Tol

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

12. MAIDEN NAME OF MOTHER Elizabeth E. Tol

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

14. INFORMANT George Tol

(Address) St Joseph mo

15. FILED 3-7-30 C. P. Fryer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 6 1930

17. I HEREBY CERTIFY, That I attended deceased from 18929 19..... to 19-6-30 19.....

that I last saw h. alive on 3-6-30 19....., and that death occurred, on the date stated above, at 5 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

466 Interstitial Nephritis
46E
122R (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Cardiovascular disease with interstitial nephritis (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

NOT AT PLACE OF DEATH

19. HAD AN OPERATION PRECEDE DEATH? yes DATE OF 2-27-30

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Findings

(Signed) St. Ryan M. D.

to . 19 (Address) Maryville 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
W. W. Cemetery 3/8 1930

20. UNDERTAKER ADDRESS
W. W. Cemetery, Maryville

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS SHOULD SIGN.

