OCT 28 1930

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

Do not use this space.

29152

85

1. PLACE OF DEATH

County Buchanan. Registration District No. 1001 File No.

Township Primary Registration District No. Registered No. 1002

City St. Joseph (No. St. Joseph Hospital St. Ward)

2. FULL NAME Anette Herson

(a) Residence. No. 1720 South 10 Street St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Matthew M Herson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) November 4, 1881

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	48	10	2	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House-wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Joseph
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Wolf Rosenthal

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

12. MAIDEN NAME OF MOTHER Emma Offenburg

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

14. INFORMANT Matthew M. Herson
(Address) 1720 So. 10 St.-St. Joseph Mo.

15. FILED SEP 8 1930 John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

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

17. I HEREBY CERTIFY, That I attended deceased from 3rd September, 1930, to Sept. 6, 1930 that I last saw her alive on , 19 , and that death occurred, on the date stated above, at 10 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: 55A 137A

Multiple Cept. adenoma of right Ovary (necrosed)

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Surgical Shock

(duration) yrs. mos. 4 ds.

137

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH 1720 So 10

DID AN OPERATION PRECEDE DEATH? yes DATE OF Sept 3/30

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clin & Lab.

(Signed) Frank H. Van Sigaar, M. D.

Sept. 6 1930 (Address) 307 Kirkpatrick 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cemetery

DATE OF BURIAL Sept. 9 1930

20. UNDERTAKER H. O. Sidenfaden

ADDRESS 1802 Union St.

WRITE PLAINLY, WITH UNFADING INKEPTHIS IS A PERMANENT RECORD

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.