

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

Do not use this space.

File No. 40325  
Registered No. 327  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County Pettis

Registration District No. 665

Township Palatia

Primary Registration District No. 3032

City Palatia (No. 1421)

Sneed

**2. FULL NAME**

Charles J. Herring

(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

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

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

Dec. 28 - 1856

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

73 11 20

8. OCCUPATION OF DECEASED

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

Mo

10. NAME OF FATHER

J. Herring

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

Pa

12. MAIDEN NAME OF MOTHER

Cordis Harris

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

Mo

14. INFORMANT (Address)

Mrs. C. J. Herring  
Palatia Mo

15. FILED 12-26 1930

J. Herring

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

Dec 18 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1930, to Dec 18, 1930, that I last saw him alive on Dec 18, 1930, and that death occurred, on the date stated above, at 7 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

1079  
Bronchial Pneumonia  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 4 ds.

CONTRIBUTORY (SECONDARY)

1000  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONSIDERED DIAGNOSTIC?

(Signed) C. J. Snavely, M. D.

, 19 (Address) Andalite 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

Marshall Mo

DATE OF BURIAL

Dec 21 1930

20. UNDERTAKER

Fillepi

ADDRESS

Palatia

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.

May 21 1931

