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.

FEB 21 1931

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

Do not use this space.

4123

1. PLACE OF DEATH. 97

County Saline — Registration District No. 744 — File No.

Township Cambridge — Primary Registration District No. 20 B7 H, — Registered No. 4

City (No. , St. Ward)

2. FULL NAME Katherine Herman

(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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-20-1909

7. AGE: YEARS 21 — MONTHS 11 — DAYS 7 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Girl
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline Co

FATHER

13. NAME Herbert Herman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline Co Mo

MOTHER

15. MAIDEN NAME Pearl Officer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline Co

17. INFORMANT (ADDRESS) Frank Officer Slater Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Slater Mo DATE Jan-29 1931

19. UNDERTAKER (ADDRESS) Joseph Salzer Slater Mo

20. FILED 1-29 1931 J H Davidson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 27, 1931

22. I HEREBY CERTIFY, That I attended deceased from 1-3, 1931, to 1-27, 1931

I last saw her alive on 1-27, 1931. Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

Typhoid fever. — Date of onset 1-3-31

Other contributory causes of importance: none

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Widal Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 19

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) J H Davidson, M. D.

(Address) Yelhain Mo