

WRITE PLAINLY, WITH UNFADING INK. THIS IS A STATE

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.

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

Do not use this space.

6081

1. PLACE OF DEATH

51 County Johnson Registration District No. 1430
5 Township Lecton Primary Registration District No. 4256
1 City Lecton (No. _____) St. _____ Ward _____

2. FULL NAME Lee Ann Herndon

(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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James Herndon</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 3 1856</u>				
7. AGE	YEARS <u>74</u>	MONTHS <u>8</u>	DAYS <u>23</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Newskeeper</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>			
	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) <u>Fayetteville Mo</u>				
FATHER	13. NAME <u>William S Foster</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lawrence, Mo</u>			
MOTHER	15. MAIDEN NAME <u>Miranda Jones</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lecton Mo</u>			
17. INFORMANT <u>Mr. James Herndon</u> (ADDRESS) <u>Lecton Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL				
PLACE <u>High Bent</u>		DATE <u>2-28 1931</u>		
19. UNDERTAKER <u>Julian L Wallace</u> (ADDRESS) _____				
20. FILED <u>226 31</u> <u>W. B. Hoops</u> Registrar.				

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-26 1931

22. I HEREBY CERTIFY That I attended deceased from January 17 1931 to Feb 26 1931
I last saw her alive on Feb 26 1931. Death is said to have occurred on the date stated above, at 9:05 P.M.
The principal cause of death and related causes of importance were as follows:
Chronic Pulmonary Nephritis 131
930

Date of onset Don't know

Other contributory causes of importance:
Myocarditis

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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. B. Hoops, M. D.
(Address) Lecton, Mo.

