

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

Do not use this space.

6572

MAR 26 1931

**1. PLACE OF DEATH**

86 County Pettis  
4 Township Sedalia  
City Sedalia (No. ....)

Registration District No. 665  
Primary Registration District No. 3032

File No. ....  
Registered No. 70  
St. .... Ward)

**2. FULL NAME**

(a) Residence. No. 406 W. Clay 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 col 5. SINGLE, MARRIED, WIDOWED OR DIVORCED divorced

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. about 41

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Sabor 237  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Nelson  
(STATE OR COUNTRY) Mo

10. NAME OF FATHER George Herndon

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't know  
(STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know  
(STATE OR COUNTRY) Don't know

14. INFORMANT Thelma Herndon  
(Address) 406 W. Clay

15. FILED 226, 1931  
J. W. Luv REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-22-1931

17. I HEREBY CERTIFY, That I attended deceased from 2-18-1931, to 2-22-1931, that I last saw him alive on 2-22-1931, and that death occurred, on the date stated above, at 5 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

1.31  
92.0  
CONTRIBUTORY (SECONDARY) Corne Insufficiency  
Chronic Intestinal Neoplasm  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED?  
IF NOT AT PLACE OF DEATH, 406 W. Clay

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) J. R. Maddox, M. D.

, 19 (Address) 116 E. W. Main

\*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 Sedalia DATE OF BURIAL 2/27/31

20. UNDERTAKER F. W. Ferguson ADDRESS Sedalia

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.

OCT 24 1945