

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

Do not use this space.

41335

1. PLACE OF DEATH

County Jasper Registration District No. 417
 Township Joplin Primary Registration District No. 3071
 City Webb City Mo. (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 118

2. FULL NAME Mrs Hulda J. Herald

(a) Residence, No. 901. N. Walker 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>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widowed</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 14, 1865</u>		
7. AGE YEARS <u>65.</u>	MONTHS <u>10.</u>	DAYS <u>27.</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>At Home.</u>	
	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) Toronto Canada

13. NAME A. J. Suttan
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

15. MAIDEN NAME Mary Frances Randolpe
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT Mr William J richards
 (ADDRESS) Webb City Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Carterville DATED Dec. 13, 1931

19. UNDERTAKER Steele Und Co.
 (ADDRESS) Webb City Mo

20. FILED 17/12 1931 R. M. Scornwaik
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 11, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 26, 1931, to Dec 11, 1931
 I last saw her alive on Dec 11, 1931. Death is said to have occurred on the date stated above, at 12:15 m.
 The principal cause of death and related causes of importance were as follows:

Apeplexy
824 J J A
 Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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?
 If so, specify _____

(Signed) George W. Rex, M.D.
 (Address) Webb City, Mo

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.

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