

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

Do not use this space.

1. PLACE OF DEATH

County Leavenworth
Township Jefferson
City Leavenworth (No. _____)

Registration District No. 500
Primary Registration District No. 8665

File No. 41473
Registered No. 16
St. _____ Ward _____

2. FULL NAME

(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>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <u>Jerry Herring</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Aug 25 1863</u>		
7. AGE <u>68</u>	YEARS <u>3</u>	MONTHS <u>14</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife</u> (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) unknown

PARENTS	10. NAME OF FATHER <u>Hardy</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>unknown</u>
	12. MAIDEN NAME OF MOTHER <u>not known</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>unknown</u>

14. INFORMANT Mrs Jennie Jacobs
(Address) Leavenworth Mo

15. FILED 7/10/31 J. N. Durst
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 7 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec 1 1931, 1931 to Dec 7 1931, 1931 that I last saw him alive on Dec 31 1931, and that death occurred, on the date stated above, at 34 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchial Inflammation

(duration) _____ yrs. _____ mos. 10 ds.

CONTRIBUTORY (SECONDARY) HA
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH X

0 DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Signs
(Signed) J. N. Durst, M. D.
, 19 _____ (Address) Kalcedo

*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 Kalcedo Cemetery DATE OF BURIAL Dec 10 1931

20. UNDERTAKER A. J. Thorne ADDRESS Kalcedo, Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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 very important.

