

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.

MAY 26 1932

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

Do not use this space.

9482

1. PLACE OF DEATH

County Osark
Township Barren Fork
City Almartha (No. _____)

Registration District No. 646
Primary Registration District No. 5-8-5-6

File No. _____
Registered No. 2
St. _____ Ward _____

2. FULL NAME

Francis Marion Herndon
(a) Residence, on farm near Almartha mo Ward.

(Usual place of abode)
Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? 76 yrs. 8 mos. 9 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nancy M. Herndon

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
76 76 8 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) own account
11. Total time (years) spent in this occupation

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

Osark mo 1

13. NAME Nathan Herndon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky 2

15. MAIDEN NAME Mary J. Todd

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT Olivia Herndon
(ADDRESS) Almartha mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Under mo DATE Apr 1 1932

19. UNDERTAKER Keena Eshel
(ADDRESS) Almartha mo

20. FILED April 5, 1932 Wm. Riley Harris
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 25, 1932, to Mar 30, 1932
I last saw him alive on Mar 30, 1932. Death is said to have occurred on the date stated above, at 7:30 am.
The principal cause of death and related causes of importance were as follows:

Paralysis
92
820
Other contributory causes of importance:
Vascular Disease of Heart
920

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) W. H. Taylor M. D.
(Address) Almartha mo

