

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

Do not use this space.

15864

File No. \_\_\_\_\_  
Registered No. 364  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County Greene Registration District No. 318  
Township \_\_\_\_\_ Primary Registration District No. 2001  
City Springfield (No. 639 of Jefferson)

**2. FULL NAME**

Wm. Val Herider  
(a) Residence, No. 639 of Jefferson St., \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**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 Ruth Anna Herider

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 19, 1907

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
25 2 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Saluman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail Store 193

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) Glasgow Mo. 1

13. NAME C. V. Herider

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio 2

15. MAIDEN NAME Sallie White

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Glasgow Mo. 1

17. INFORMANT (ADDRESS) Mrs. R. A. Stouffer Springfield Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenham Cem. DATE 5-15-1932

19. UNDERTAKER (ADDRESS) Allyn K. Kasper 334 1/2 W. 1st St. Springfield Mo

20. FILED 5-14-1932 Wm. Val Herider Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13, 1932

22. I HEREBY CERTIFY, that I attended deceased from Feb 28, 1932 to May 13, 1932

I last saw him alive on May 13, 1932 Death is said to have occurred on the date stated above, at 9:40 A.M.

The principal cause of death and related causes of importance were as follows:

Surrounding of Stomach to metastasis from the Sanni found testical

Other contributory causes of importance:

510 570

Name of operation Removal Testical Date of 2-28-32  
What test confirmed diagnosis? Microscopic Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? none & tested Date of injury Feb 8, 1932

Where did injury occur? at home fellow shop (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury fell and cut leg

Nature of injury injuring testical

24. Was disease or injury in any way related to occupation of deceased? If so, specify was building a fire in furnace

(Signed) W. T. Edmondson, M. D.

(Address) 318 E. Collins St. Springfield 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.

MIN 22 1932

