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

Do not use this space.

22745

1. PLACE OF DEATH
County Jackson Registration District No. 899 File No.
Township Primary Registration District No. Registered No.
City of Kansas City (No. St. Mary's Hospital St. 2650 Ward)

2. FULL NAME Robert C. Herold
(a) Residence, No. 2600 Paseo 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 male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 5 1910

7. AGE Years 21 Months 7 Days 29 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumbing
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. M. Health
10. Date deceased last worked at this occupation (month and year) 1931 Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Mo

FATHER
13. NAME Charles W. Herold
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

MOTHER
15. MAIDEN NAME Lillian Cameron
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

17. INFORMANT Chas. W. Herold
(ADDRESS) 2600 Paseo

18. BURIAL, CREMATION, OR REMOVAL
PLACE M. O. Wood DATE July 7, 1932

19. UNDERTAKER J. A. Bruchell Co.
(ADDRESS) 1326 Broadway

20. FILED 7/6, 1932 M. M. Crowe Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1932, to July 4, 1932, I last saw him alive on July 4, 1932. Death is said to have occurred on the date stated above, at 9:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute suppurative appendicitis	6-28-32
12/13	

Other contributory causes of importance: General peritonitis

Name of operation Appendectomy Date of 6-28-32
What test confirmed diagnosis? autopsy Was there an autopsy? yes

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? no
If so, specify
(Signed) J. D. Jones M. D.
(Address) 1014 Rigger Bldg Kansas City Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION important.

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