

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

Do not use this space.

29773

**1. PLACE OF DEATH**

County Macon  
Township Macon  
City Macon (No. ....)

Registration District No. 633  
Primary Registration District No. 3027

File No. ....  
Registered No. 61 ..... St. .... Ward)

**2. FULL NAME** Elie Herderson

(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 male 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1863 Don't know

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
69 — — — —

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

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) Randolph Co. N.C.

13. NAME Don't know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 316

15. MAIDEN NAME Nellie Herderson

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

17. INFORMANT Elie Herderson (ADDRESS) Macon Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak wood DATE 8/6 1932

19. UNDERTAKER (ADDRESS) Elie Herderson

20. FILED 9/12 1932 Mrs Luke Hunkler Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/4 1932

22. I HEREBY CERTIFY, That I attended deceased from 6/4/32 1932 to 9/3/32 1932

I last saw him alive on 9/3/32 1932 Death is said

to have occurred on the date stated above, at 29 m.

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

23A  
130  
130

Date of onset

Pulmonary tuberculosis

Other contributory causes of importance:

Myocardial degeneration, Jaundice, Fluency

Name of operation ..... Date of .....  
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 1932

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? Yes

If so, specify Yes

(Signed) G. A. West M. D.

(Address) Macon, 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 is very important.

OCT 27 1932

61  
7  
4

