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.

NOV 29 1932

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

Do not use this space.

34554

1. PLACE OF DEATH

108 County Vernon — Registration District No. 875 — File No. Yater

Township Washington — Primary Registration District No. 6162 — Registered No. 221

City Nevada (No. ..... St. ..... Ward)

2. FULL NAME William Bloomfield Hereford

(a) Residence, No. Vernon Co St., ... Ward. ..... (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 31 1852

7. AGE: YEARS 80 — MONTHS 9 — DAYS 23 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) Jan 1 1929

11. Total time (years) spent in this occupation 30

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

FATHER

13. NAME Alkena Hereford

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D. Know 31 D K

MOTHER

15. MAIDEN NAME D Know.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D Know. D Know

17. INFORMANT (ADDRESS) Mellisia Hereford Nevada Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Antioch Cemet DATE Oct 24 1932

19. UNDERTAKER (ADDRESS) Fern Funeral Home Nevada Mo.

20. FILED 11-2 1932 E. R. King Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 23 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 20 1932 to Oct 23 1932

I last saw him alive on Oct 20 1932. Death is said to have occurred on the date stated above, at 8 a.m.

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

Uremia Poisning

137 / 132B / 37

Other contributory causes of importance: Acute Prostatitis

Date of onset

Name of operation none Date of —

What test confirmed diagnosis? ..... 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 ....., 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) [signature], M. D.

(Address) Nevada Mo