

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.

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

Do not use this space.

1. PLACE OF DEATH
7 County Bates Registration District No. 50
3 Township Butler Mo Primary Registration District No. 3004
4 City Butler Mo (No.) St. Ward
2. FULL NAME James Logan Herrell Jr
(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.

File No. 38845
Registered No. 83

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 Mrs Mary Herrell
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 11 1865
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 3 22
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Agency
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 140

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pettis Co Mo

13. NAME James Logan Herrell Jr

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

15. MAIDEN NAME Lucinda Beaman

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

17. INFORMANT Mrs Harry B Newell
(ADDRESS) Butler Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE Dec 6 1932

19. UNDERTAKER Culver
(ADDRESS) Butler Mo

20. FILED Dec 5 1932 Nina L Culver
Registrar.

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-3, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 1931, 19 to Dec 3, 1932
I last saw alive on Dec 31, 1931. Death is said to have occurred on the date stated above, at 2 P. m.

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

Carcinoma of Rectum Date of onset
H D G A
Other contributory causes of importance:

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? X
If so, specify L D Fisher, M. D.
(Signed) Butler Mo
(Address)

