

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

Do not use this space.

20344

1. PLACE OF DEATH

61 County Wagon Registration District No. 5-95-
Township Hanover Primary Registration District No. 5720
City (No.) Ward

File No. _____
Registered No. 63 St. _____ Ward

2. FULL NAME

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Dr</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 18 1848</u>		
7. AGE <u>84</u>	YEARS <u>10</u>	MONTHS <u>17</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		If LESS than 1 day, _____ hrs. or _____ min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>		
13. NAME <u>John Herrington</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>		
15. MAIDEN NAME <u>Polly Moore</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>		
17. INFORMANT <u>J N Herrington</u> (ADDRESS) <u>Wagon 91</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wagon</u> DATE <u>6/14 23</u>		
19. UNDERTAKER <u>Alvin Sherrill</u> (ADDRESS) <u>Wagon Mo</u>		
20. FILED <u>July 10, 19 23</u> <u>J. F. King</u> Registrar.		

2- MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/13, 1923
22. I HEREBY CERTIFY that I attended deceased from Oct 12, 1923, to June 13, 1923
I last saw him alive on June 13, 1923 Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:
Myocarditis
930
118
930
Other contributory causes of importance:
Influenza

Date of onset
6/10/23
4/11/23

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? No
If so, specify _____
(Signed) J. B. Jolly, M. D.
(Address) Jacksonville, 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.

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