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.

AUG 20 1933

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

Do not use this space.

85

22329

1. PLACE OF DEATH

County Buchanan — Registration District No. 1001 — File No.

Township — Primary Registration District No. — Registered No. 761

City St. Joseph (No. 1720 South 10 street St. Ward)

2. FULL NAME Matthew Mark Herson

(a) Residence, No. 1720 south 10 street St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 45 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF: Anetta M Herson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 31, 1864

7. AGE: YEARS 68 — MONTHS 11 — DAYS 28 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) April 1933

11. Total time (years) spent in this occupation 42

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Gallatin Missouri

FATHER

13. NAME: Bernard Herson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Ireland

MOTHER

15. MAIDEN NAME: Bridget Whitney

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Ireland

17. INFORMANT (ADDRESS): Matthew Herson Jr 1720 south 10 st St Joseph Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Mt. Olivet Cemetery
PLACE St. Joseph Mo. DATE August 1 1933

19. UNDERTAKER (ADDRESS): H. A. Sidenfaden 1802 Union st St Joseph Mo.

20. FILED 7-31 1933 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 29, 1933, to July 29, 1933
I last saw him alive on July 29, 1933 Death is said to have occurred on the date stated above, at 12:45P.m.
The principal cause of death and related causes of importance were as follows:

Apoplexy — Date of onset

93C
95B
42A

93C

Other contributory causes of importance:
arteriosclerosis
Chr myocarditis & enlargement
Hypertension

Name of operation None — Date of

What test confirmed diagnosis? Phy. Exam — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None — 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 None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) James O Donoghue, M. D.
(Address) Kirkpatrick Bldg St Joseph Mo