

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.

22337

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township Primary Registration District No. 1001
City St. Joseph (No. 1802 South 20 St. Ward)

File No.
Registered No. 687

2. FULL NAME William Herman

(a) Residence, No. 1802 south 20 st. St. Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 16, 1873

7. AGE -YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
60 2 15

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

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Joseph (STATE OR COUNTRY) Mo.

13. NAME Chas. F. Herman

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Germany

15. MAIDEN NAME Janfer Iva

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Germany

17. INFORMANT Anthony Herman (ADDRESS) 1802 So. 20 st St Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL Mt Olivet Cemetery PLACE St Joseph Mo. DATE July 3 1933

19. UNDERTAKER H.O. Siedenfaden (ADDRESS) 1802 Union st St Joseph Mo.

20. FILED JUL 1 1933 John R. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1933 to July 1 1933
I last saw him alive on Jan 1933. Death is said to have occurred on the date stated above, at 3 A. m.
The principal cause of death and related causes of importance were as follows:

Myocardite Chr. did apparently very suddenly coronary arteriosclerosis
Other contributory causes of importance: art. scler Gen

Date of onset 6 Mo.

Name of operation Date of
What test confirmed diagnosis? Clin 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? No
If so, specify
(Signed) J. J. Johnson, M. D.
(Address) St Joseph Mo.

