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.

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1. PLACE OF DEATH
County Bates — Registration District No. 53 — File No.
Township Osage — Primary Registration District No. 3005 — Registered No. One
City Rich Hill (No. , St. Ward)

2. FULL NAME A. W. Herring
(a) Residence, No. 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 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 Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1866 12-10
7. AGE Years 67 Months 1 Days 13 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor
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) (STATE OR COUNTRY) Harrison Co

FATHER
13. NAME Hezikah Herring
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

MOTHER
15. MAIDEN NAME Martha Sweeten
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison Co

17. INFORMANT (ADDRESS) S. H. Herring Nevada Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Nevada Mo DATE 1-15 1934
19. UNDERTAKER (ADDRESS) Booth & Vaughan Rich Hill Mo
20. FILED Jan 14 1934 James Allen Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 13 1934
22. I HEREBY CERTIFY That I attended deceased from July 1933, to Jan 13 1934
I last saw him alive on Jan 1 1934. Death is said to have occurred on the date stated above, at 7 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance: Enthusiasm	6 days

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?
If so, specify
(Signed) James Allen, M. D.
(Address) Rich Hill Mo