

MAR 24 1934

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

Do not use this space.

5469

1. PLACE OF DEATH

County JohnsonRegistration District No. 430Township East OakPrimary Registration District No. 4256City Leeton

(No. St. Ward)

2. FULL NAME

James Herndon

(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 7 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>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Alice Foster</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 15-1850</u>		
7. AGE	YEARS <u>83</u>	MONTHS <u>10</u>
	DAYS <u>20</u>	If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>rt Farmer</u>
	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) <u>Johnson County Missouri</u>
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13. NAME <u>James Herndon</u>

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
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15. MAIDEN NAME <u>Sarah Foster</u>
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16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>

17. INFORMANT (ADDRESS) <u>Miss Fannie Herndon Leeton Missouri</u>

18. BURIAL, CREMATION, OR REMOVAL PLACE <u>High Point</u> DATE <u>2-6-34</u>

19. UNDERTAKER (ADDRESS) <u>O. B. Roone</u> MISSOURI

20. FILED <u>Feb 6</u> 19 <u>34</u> <u>O. B. Roone</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 5-3422. I HEREBY CERTIFY That I attended deceased from Feb 2, 1934, to Feb 5, 1934I last saw him alive on Feb 4, 1934 Death is said to have occurred on the date stated above, at 6:00pm m.

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

Bright's disease

Date of onset

Other contributory causes of importance:

Obstruction of Bowels

Name of operation Date of

What test confirmed diagnosis? Clinical 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. S. Smith

M. D.

(Address)

Chilhowee 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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