

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

Do not use this space.

MAR 24 1934

1. PLACE OF DEATH

County RAY Registration District No. 744
 Township RICHMOND Primary Registration District No. 3035
 City RICHMOND (No. R.F.D.) St. _____ Ward _____

File No. 6169
 Registered No. 23

2. FULL NAME LOUIS CLARK HERRINGTON

(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>col.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Fannie Herrington</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 1, 1862</u>		
7. AGE	YEARS	MONTHS
	<u>71</u>	<u>11</u>
		DAYS
		<u>27</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>Coal Miner</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>No not known</u>		
FATHER	13. NAME <u>No not known</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____	
MOTHER	15. MAIDEN NAME _____	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____	
17. INFORMANT <u>Fannie Herrington</u> (ADDRESS) <u>Richmond MO R.F.D.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Richmond MO</u> DATE <u>3/13/34</u>		
19. UNDERTAKER <u>C. E. Goyer</u> (ADDRESS) <u>Richmond MO</u>		
20. FILED <u>3-9</u> 19 <u>34</u> <u>C. E. Goyer</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/28/34, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 24 - 1934 to Feb 27, 1934

I last saw him alive on Feb 27, 1934 Death is said to have occurred on the date stated above, at 8:20 P.M.

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

Lober Pneumonia

Other contributory causes of importance:
Cough

Name of operation _____ Date of _____
 What test confirmed diagnosis? Smear 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 _____, 1934
 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) C. E. Goyer, M. D.
 (Address) Richmond

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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