

NOV 15 1934

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

Do not use this space.

1. PLACE OF DEATH

County

Gasper

Registration District No.

411

Township

City

Goplin

(No.)

Primary Registration District No.

2007

No. Freeman Hospital

File No.

36422

Registered No.

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

Mrs. Letha May Herron

2210 Grand Ave. St.,

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 27 yrs. 4 mos. 4 ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

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

Claude Herron

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

Feb 13th 1906.

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

28

8

18

OCCUPATION

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

at home

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)

Carl Junction Mo

13. NAME

Roy Hatfield

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

Jawa Iowa

15. MAIDEN NAME

Jury Smith

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

Kansas

17. INFORMANT (ADDRESS)

Mr. Claude Herron

18. BURIAL, CREMATION, OR REMOVAL

PLACE Carl Junction DATE Nov 7 1934

19. UNDERTAKER (ADDRESS)

Dunham Mortuary Goplin

20. FILED

11 2 19 34 J. J. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 31st 1934

I HEREBY CERTIFY, That I attended deceased from Oct 28 1934, to Oct 31st 1934

I last saw her alive on Oct 31-1934. Death is said

to have occurred on the date stated above, at 2 P. M.

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

Date of onset

Toxemia Pregnancy -
11/11/34

Other contributory causes of importance:

Hypertension, Gravidam
3 months duration

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)..... M. D.

(Address)..... 788 W. 10th St. Goplin 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.

