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.

39359

1. PLACE OF DEATH DEC 18 1934

County Jackson — Registration District No. 3

Township Kaw — Primary Registration District No. 100

City Kansas City (No. 2036 Madison. St. Ward)

File No.

Registered No. 4864

2. FULL NAME Benjiman F, Herring.

(a) Residence, No. 2036 Madison St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 50 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec, 5. 1835

7. AGE: YEARS 58 — MONTHS 10 — DAYS 0 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Switchman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: K.C.Terminal
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: 36 Yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

FATHER

13. NAME: John W, Herring.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

MOTHER

15. MAIDEN NAME: Ida B, Sariblu.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas

17. INFORMANT (ADDRESS): Alonzo Herring 2036 Madison St,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Maple Hill Cem KCK DATE 11-8- 34

19. UNDERTAKER (ADDRESS): Eads Bros, Funeral Home. 1416 Minn, Ave,

20. FILED Nov. 6, 1934 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) ~~Oct~~ Nov, 5th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 6th, 1934, to Nov 5th, 1934

I last saw him alive on Nov 5, 1934 Death is said to have occurred on the date stated above, at 1140 P.M.

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

	Date of onset
Myo Carditis (Chronic)	3-9-33
Other contributory causes of importance:	
Aortic Aneurism	8 Mos

Name of operation: Nom — Date of

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No 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) H.H. Lane, M. D.

(Address) 824 Rialto Bldg