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.

DEC 8 [illegible]

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

Do not use this space.

39976

1. PLACE OF DEATH

County Linn — Registration District No. 502 — File No.

Township Marceline — Primary Registration District No. 4305 — Registered No. 37

City Marceline (No. ..... St. ..... Ward)

2. FULL NAME Ira Martin Herriman

(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. 10 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: Addie Herriman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 25-1856

7. AGE: YEARS 78 — MONTHS 3 — DAYS 1 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
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): March 1931
11. Total time (years) spent in this occupation: 24 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Astubula Ohio

FATHER

13. NAME: Edwin Herriman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER

15. MAIDEN NAME: Adelade Dow
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

17. INFORMANT (ADDRESS): Grace Jones Marceline Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bucklin Mo DATE Nov. 29 1934

19. UNDERTAKER (ADDRESS): A. C. Herriman Bucklin Mo

20. FILED 11/29 1934 Olive Barrett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 11-26, 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-23-, 1934 to 11-26-, 1934
I last saw him alive on 11-25-, 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:

Chronic Myocarditis — Date of onset

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93 [illegible]

Other contributory causes of importance: None

Name of operation — Date of —
What test confirmed diagnosis? — 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? —
If so, specify
(Signed) N. N. Ellis, M. D.
(Address) Marceline Mo.