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

Do not use this space.

MAR 26 1935

1. PLACE OF DEATH
County Lafayette — Registration District No. 460 — File No. 5877
Township Davis — Primary Registration District No. 4274 — Registered No. 18
City Higginsville. (No. ..... , ... St. ..... Ward)

2. FULL NAME Martin A Herd.
(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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
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 Lydia (Walkawitz) Herd.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-5th-1871

7. AGE — YEARS 64 — MONTHS 0 — DAYS 16 — If LESS than 1 day, ... hrs. or ..... min.

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

FATHER
13. NAME Daniel A. Herd
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Concordia MO.

MOTHER
15. MAIDEN NAME Mary A Cratzmeyer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs. Lydia Herd By AHH Higginsville. MO.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Higginsville DATE 2- 1935

19. UNDERTAKER (ADDRESS) Hoefer Meiersshoger Higginsville. MO.

20. FILED Feb 27, 19 W. E. Mibb Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb- 21-1935

22. I HEREBY CERTIFY, That I attended deceased from Jany 29, 1935, to Feby 21, 1935.
I last saw him alive on Feby 21, 1935. Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Gall~~	
Cholecystitis (with gallstones & jaundice)	1-29-35
Partial obstruction (intestinal)	2/21/35
Other contributory causes of importance:	
Valvular heart disease (compensated)	many years

92 as

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) W. E. Keppenbomb, M. D.
(Address) Higginsville, Mo

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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