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

MAY 31 1935

Do not use this space.

13667

File No.

Registered No. 21

1. PLACE OF DEATH

County Monroe

Township Jackson

City (No. , St. Ward)

Registration District No. 582

Primary Registration District No. 5779

2. FULL NAME NANNIE W. HERNDON

(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 40 yrs. mos. 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 Frank M. Herndon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB 20, 1864

7. AGE: YEARS 71 | MONTHS 1 | DAYS 23 | If LESS than 1 day, hrs. or min.

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) Monroe Co., Mo.

FATHER

13. NAME JEFFERSON MALLORY

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

MOTHER

15. MAIDEN NAME EVELINE WOOLRIDGE

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

17. INFORMANT FRANK M. HERNDON
(ADDRESS) PARIS, MO

18. BURIAL, CREMATION, OR REMOVAL
PLACE CEDAR GROVE DATE 4/15 1935

19. UNDERTAKER SPEED + BLAKEY
(ADDRESS) PARIS, MO.

20. FILED APR 13 1935 H. C. Pearce
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APR 13 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1935 to Apr 13, 1935

I last saw her alive on Mar 20, 1935 Death is said to have occurred on the date stated above, at 1:00 P.M.

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

Carcinoma of Cervix

Date of onset Unknown

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical 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? No

If so, specify

(Signed) M. C. McMurry, M. D.

(Address) PARIS, MO.