

201 263

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

Do not use this space.

16570

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Frank Primary Registration District No. 1002
 City N.C. Mo (No. 3616 Bennington) St. _____ Ward _____

2. FULL NAME Fredrick Joseph Herman
 (a) Residence, No. 3616 Bennington St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

File No. _____
 Registered No. 2091
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 24 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
72 2 23

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

MOTHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France
 13. NAME Joseph Herman
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France
 15. MAIDEN NAME No Record
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

FATHER
 17. INFORMANT M. H. Herman
 (ADDRESS) 3616 Bennington ave
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE At Marys DATE May-24-35
 19. UNDERTAKER Mrs. C. A. Lanier
 (ADDRESS) 110 Bennington, Grove
 20. FILED May 19 35 M.M. Brown
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May-17-1935

22. I HEREBY CERTIFY, That I attended deceased from May 6, 1935, to May 17, 1935
 I last saw him alive on May 17, 1935. Death is said to have occurred on the date stated above, at 2:45 pm.
 The principal cause of death and related causes of importance were as follows:
Acute myocarditis
Mitral Insufficiency
Chronic valvular disease
hypertension

Other contributory causes of importance:
None

Name of operation _____ Date of _____
 What test confirmed diagnosis? Physical exam 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) E. J. Hobbs, M. D.
 (Address) Raytown 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.

1935

Raymont

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