

NOV 20 1935

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

Do not use this space.

32233

1. PLACE OF DEATH

County *Bole*Registration District No. *213*

Township

Primary Registration District No. *3074*City *Jefferson City* (No.)

File No.

Registered No. *286*

St. Ward)

2. FULL NAME *Donald Herigon*(a) Residence, No. *Jefferson City Mo.* 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. *2* ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>male</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>child</i>		

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug 12 - 1935*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
		<i>1</i>	<i>25</i>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<i>child</i>
	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) *Meta Mo.*13. NAME *Phillip Herigon*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St Thomas Mo.*15. MAIDEN NAME *Mary Suespering*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St Thomas Mo.*17. INFORMANT *Phillip Herigon* (ADDRESS) *St Thomas Mo.*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *St Thomas Mo.* DATE *Oct 9* 19*35*19. UNDERTAKER *Cawson Lamm* (ADDRESS) *St Thomas Mo.*20. FILED *10/18/35* 19*35* *Onesford* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct. 8* 19*35*22. I HEREBY CERTIFY, That I attended deceased from *Oct 5* 19*35* to *Oct 8* 19*35*I last saw him alive on *Oct 7* 19*35*. Death is saidto have occurred on the date stated above, at *6 A. m.*

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

Pneumonia Bronch

Date of onset

Other contributory causes of importance:

*Deerlet from Spleen
Plus Pac Hemorrhage*

Name of operation..... Date of.....

What test confirmed diagnosis? *Autopsy*. Was there an autopsy? *Yes*

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) *Herigon*, M. D.(Address) *Jeff City Mo.*

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.

