

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.

NOV 13 1935

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

Do not use this space.

34845

1. PLACE OF DEATH

County Saline  
Township Liberty  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 801  
Primary Registration District No. 604.1

File No. \_\_\_\_\_  
Registered No. 28  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Ruthen Harrison Herndon

(a) Residence, No. Herndon Ave St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) all life

Length of residence in city or town where death occurred yrs 0 mos. \_\_\_\_\_ ds. \_\_\_\_\_ How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. \_\_\_\_\_ (If nonresident, give city or town and State)

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 Bertha S. Herndon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10-1885

7. AGE YEARS 52 MONTHS 2 DAYS 29 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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) ✓ 11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline Co

13. NAME Edward S. Herndon

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

15. MAIDEN NAME Lucy E. M<sup>rs</sup> Mahan

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

17. INFORMANT Mrs Bertha S. Herndon (ADDRESS) Marshall Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hayes Grove DATE Oct. 11 1935

19. UNDERTAKER J. P. Campbell (ADDRESS) Marshall Mo.

20. FILED Oct. 10 1935 Rose C. Harrison Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 9 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 4, 1935, to Oct 9, 1935. I last saw him alive on Oct 9, 1935. Death is said to have occurred on the date stated above, at 6:20 m.

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

Lobar Pneumonia (Right) (Date of onset \_\_\_\_\_)

Other contributory causes of importance: Pulmonary Edema

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) John R. Lawrence, M. D.  
(Address) Marshall, Mo.

