

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

Do not use this space.

**JAN 13 1936.**

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23

**1. PLACE OF DEATH**

County Saline  
Township miami  
City miami (No. ....)

Registration District No. 797  
Primary Registration District No. 4477

File No. ....  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

Jacob George Washington Hervey

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**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 Betha Elizabeth Foreman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-20-1862

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>62</u>	<u>3</u>	<u>15</u>	

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 all life

OCCUPATION

MOTHER FATHER

12. BIRTHPLACE (CITY OR TOWN) Charleston (STATE OR COUNTRY) West Va.

13. NAME Samuel Hervey

14. BIRTHPLACE (CITY OR TOWN) Don't know (STATE OR COUNTRY) ....

15. MAIDEN NAME Charlotte Young

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

17. INFORMANT Tom Hervey (ADDRESS) Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Marion, Mo. DATE Nov-5 1935

19. UNDERTAKER George Wilson (ADDRESS) Miami, Mo.

20. FILED 12-6- 1935 Mrs. Aubrey Payne Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-5- 1935

22. I HEREBY CERTIFY, That I attended deceased from 10-21, 1930, to 12-5-, 1935  
I last saw him alive on 12-5-, 1935. Death is said to have occurred on the date stated above, at 10 P. m.

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

mitral and aortic Regurgitation

Other contributory causes of importance: 5- years

Date of onset 5- years  
Nature of disease Heart disease

Name of operation ..... Date of .....  
What test confirmed diagnosis? Spaltan 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 B. H. Sullivan, M. D.  
(Signed) B. H. Sullivan, M. D.  
(Address) miami, 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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