

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.

JAN 16 1936

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City.....

(No.....)

City *St. Louis*

Martha Alice Herren

2. FULL NAME

(a) Residence, No.....
(Usual place of abode)

St.....

Ward.....

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yr.

mos.

da.

How long in U. S., if of foreign birth?

yr.

mos.

da.

791

1000

2957

File No.....

Registered No.....

153

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

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

Harry Herron

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

Oct. 8, 1879

7. AGE

YEARS
56

MONTHS
2

DAYS
24

IF LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

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)

Illinois

MOTHER FATHER

13. NAME

Samuel Case

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

Unknown

15. MAIDEN NAME

Martha Warfield

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

Unknown

17. INFORMANT (ADDRESS)

Joseph J. K. Herron City St. Louis

18. BURIAL, CREMATION, OR REMOVAL

Place *Concordia Cem.* DATE *1/6 1936*

19. UNDERTAKER (ADDRESS)

John S. Ziegenhain & Son 7027 Gravois

20. FILED

JAN - 5 1936

J. K. Brebeck Registrar.

MEDICAL CERTIFICATE OF DEATH

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

1/2 1936

22. I HEREBY CERTIFY, That I attended deceased from

1/2 1936 to 1/2 1936

I last saw *her* alive on *1/25 1936* Death is said

to have occurred on the date stated above, at *7:30 am*.

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

Pulmonary Edema

Date of onset

Other contributory causes of importance:

Dishetic coma Diabetes mellitus

Name of operation.....

Date of.....

What test confirmed diagnosis?.....

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? *No*

If so, specify

(Signed)

(Address)

W. S. Harris City St. Louis, M. D.

