

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.

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

Do not use this space.

APR 15 1936

14248

1. PLACE OF DEATH

County Buchanan Registration District No. 86
 Township Washington Primary Registration District No. 5127
 City St. Joseph (No. R. F. D. # 7) St. _____ Ward) _____

File No. _____
 Registered No. 29

2. FULL NAME Henry Gates Herring

(a) Residence, No. R. F. D. # 7 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 Mable Herring

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 18, 1882

7. AGE YEARS 53 MONTHS 7 DAYS 17 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. Laborer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W. P. A.
 10. Date deceased last worked at this occupation (month and year) March 1936 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) Buchanan Co. (STATE OR COUNTRY) Missouri

13. NAME Henry Clay Herring

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

15. MAIDEN NAME Hattie Jones

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

17. INFORMANT Mable Herring (ADDRESS) R. F. D. # 7, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Freeman Chapel, DATE Apr. 7, 1936

19. UNDERTAKER Clark Mortuary (ADDRESS) 5025 King Hill Av.

20. FILED April 6 1936 B. W. Tadlock M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 30, 1936, to April 5, 1936.
 I last saw him alive on April 5, 1936. Death is said to have occurred on the date stated above, at 3:26 A.M.

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

Bronchopneumonia
Chronic Myocarditis

Date of onset 4-2-36

Other contributory causes of importance:

Strangulated Hernia
Influenza - several weeks previous

3-30-36

Name of operation _____ Date of _____
 What test confirmed diagnosis? autopsy Was there an autopsy? no.

23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide _____ Date of injury _____

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred to 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) E. D. Gross M.D. M. D.
 (Address) 5008 King Hill Ave

