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

AUG 27 1936

Do not use this space.

23849

1. PLACE OF DEATH

County PETTIS — Registration District No. 668 — File No. 205-207

Township — Primary Registration District No. 3032 — Registered No. 668

City SEDALIA (No. ..., ... St. ... Ward)

2. FULL NAME ALBERT RANDOLPH HERNDON

(a) Residence, No. 412 N LAMINE St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 3 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: COL

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 3-19-36

7. AGE — YEARS: — MONTHS: 3 DAYS: 18 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: X

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): SEDALIA, MO

FATHER

13. NAME: VERGIL HERNDON

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): SEDALIA MO.

MOTHER

15. MAIDEN NAME: SYLVIA McGRUDER

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): SEDALIA MO.

17. INFORMANT (ADDRESS): SYLVIA McGRUDER 412 N. LAMINE ST.

18. BURIAL, CREMATION, OR REMOVAL

PLACE GROWN HILL DATE 7-1, 1936

19. UNDERTAKER (ADDRESS): FRED FERGUSON SEDALIA MO

20. FILED 7-1-1936 Jean Slack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6/30, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6/29, 1936, to 6/30, 1936

I last saw h. — alive on 6/29, 1936. Death is said to have occurred on the date stated above, at 5 a m.

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

	Date of onset
Marasmus	
Other contributory causes of importance	

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) W. L. G. Dancy, M. D.

(Address) Sedalia Mo.