

MAR 23 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County Wodaway  
Township Washington  
City Grifford (No. .... St. .... Ward)

Registration District No. 623  
Primary Registration District No. 3825

File No. 7460  
Registered No. 1

## 2. FULL NAME

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

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. (If nonresident, give city or town and State)

Berniece Leanna Herring

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 1 - 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
4 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓  
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) Grifford  
(STATE OR COUNTRY) Wodaway Co. Mo.

MOTHER 13. NAME Leman D. Herring

14. BIRTHPLACE (CITY OR TOWN) Grifford  
(STATE OR COUNTRY) Wodaway Co. Mo.

15. MAIDEN NAME Oral Schweikhardt

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

17. INFORMANT Leeman D. Herring  
(ADDRESS) Grifford Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Grifford Mo. DATE Feb. 20 1937

19. UNDERTAKER C. C. Reynolds  
(ADDRESS) Grifford Mo.

20. FILED Feb 20 1937 J. M. McLaughlin  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 18 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 2 1937 to Feb 18 1937  
I last saw h. er alive on Feb 16 1937 Death is said to have occurred on the date stated above, at ..... m.

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

Bronchial Pneumonia  
Bilateral Otitis Media

Date of onset

Other contributory causes of importance: 107

Name of operation none Date of .....

What test confirmed diagnosis? Chemical Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? .....

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 Yes

(Signed) J. M. Bayles M. D.

(Address) Conception Junction 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.

