

APR 8 1937

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

Do not use this space.

9448

1. PLACE OF DEATH

County

Township

City

Registration District No.

Primary Registration District No.

(No.)

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

Ward.

(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

Fe

4. COLOR OR RACE

wh.

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

Widow

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

James. W. Heriford

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

Sept 2-58

7. AGE

YEARS
78MONTHS
76DAYS
4

If LESS than 1 day, hrs. or min.

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

Home

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)

Adair Co. Mo.

13. NAME

C. O. Hunt

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

Ky.

15. MAIDEN NAME

Martha A. Rogers

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

Ky.

17. INFORMANT (ADDRESS)

Mr. O. Della Heriford

18. BURIAL, CREMATION, OR REMOVAL PLACE

3307 Highland

19. UNDERTAKER (ADDRESS)

Clyde's Funeral Home

20. FILED

Mar 7 1937 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Mar. 6 1937

22. I HEREBY CERTIFY, That I attended deceased from

January 20th, 1927, to March 6th, 1937I last saw her alive on March 5th, 1937. Death is said

to have occurred on the date stated above, at 9:30 a.m.

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

Tobacco pneumonia (double) Date of onset 3/4/37

Other contributory causes of importance:

Senility
Relieve atherosclerosis (Not tuberculous)
Chronic myocarditis

Name of operation _____ Date of _____

What test confirmed diagnosis? Smear 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

So, specify _____

(Signed) V. W. Harned M.D.(Address) H. G. Wirthman Bldg

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.

OCCUPATIONS

MOTHER FATHER

Mag

Eggs L 8118