APR 8 1937

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

Do not use this space.

File No. 9805

Registered No. [illegible]

1. PLACE OF DEATH

County: Jackson — Registration District No. 399

Township: Kaw — Primary Registration District No. 2

City: Kansas City (No. Menorah Hospital St. Ward)

2. FULL NAME Joseph C. Herron

(a) Residence, No. [illegible] St., Ward. Quenemo, Kansas
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nacy Louisa Wright Herron

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 29, 1863

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
73	5	0	

OCCUPATION

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

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) Ohio

FATHER

13. NAME John M. Herron

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

MOTHER

15. MAIDEN NAME Mary Jane O'Hanna

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT F. K. Herron (Son)
(ADDRESS) Homewood, Kansas

18. BURIAL, ~~CREMATION OR REMOVAL~~ Oak Hill Cemetery
PLACE Quenemo, Kansas DATE March 31, 1937

19. UNDERTAKER Stine & McClure
(ADDRESS) 3235 Gillham Plaza

20. FILED 3-30, 1937 M. M. Crowe, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-21, 1937, to 3-29, 1937.
I last saw him alive on 3-28, 1937. Death is said to have occurred on the date stated above, at A.M. 1:15
The principal cause of death and related causes of importance were as follows:

	Date of onset
Infective endocarditis	
9/0	

Other contributory causes of importance:
Prostatic hypertrophy
Cystitis
Bilateral pyelitis (not proven)

Name of operation Suprapubic cystotomy Date of 3-24-37
What test confirmed diagnosis? Clinical 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?
If so, specify
(Signed) Charles W. Brink, M. D.
(Address) 5-U.S. Professional Bldg.

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

C K Smith
Professional Bldg
11 Grand.