

AUG 27 1937

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

Do not use this space.

28068

226

## 1. PLACE OF DEATH

County Pettis  
Township Flat Creek  
City Spring Fork

Registration District No. 648  
Primary Registration District No. 1891  
(No. RFD #1, Spring Fork

File No. 224  
Registered No. 668  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Arthur Bedford Herndon

(a) Residence, No. Warrensburg, Mo. 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)

## 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 Eva Herndon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 3, 1886

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
51 4 27

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

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) Missouri

13. NAME Elisha Herndon

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

15. MAIDEN NAME Delila Foster

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

17. INFORMANT Mrs. A. B. Herndon  
(ADDRESS) Warrensburg, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Warrensburg, Mo. DATE July 30, 1937.

19. UNDERTAKER Gillespie Funeral Home  
(ADDRESS) Sedalia, Mo.

20. FILED July 31 1937 John Slack  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30/37, 19

22. I HEREBY CERTIFY, That I attended deceased from

as Coronary Case only, 19

I last saw him alive on \_\_\_\_\_, 19

Death is said to have occurred on the date stated above, at 5:00 p. m.

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

Angina pectoris

Date of onset

Other contributory causes of importance

Chronic nephritis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19Where 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  
If so, specify \_\_\_\_\_(Signed) Corcoran & Pettis Co., M. D.

(Address) \_\_\_\_\_

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.  
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS SHOULD STATE

THE UNIVERSITY OF CHICAGO  
DEPARTMENT OF CHEMISTRY

RECEIVED  
JAN 10 1964

FROM  
DR. J. H. GOLDSTEIN

TO  
DR. R. W. WILSON

RE  
RESEARCH REPORT

NO. 100

DATE

1964

BY

DR. J. H. GOLDSTEIN

DR. R. W. WILSON

DR. J. H. GOLDSTEIN