

NOV 24 1937

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

Do not use this space.

38889

1. PLACE OF DEATH

County Saline
Township Marshall
City Marshall, Mo. (No. _____)

Registration District No. 796
Primary Registration District No. 30381

File No. _____
Registered No. 167 St. _____ Ward _____

2. FULL NAME Clara Lee Herndon

(a) Residence, No. East North St. 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 10 1937

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

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1937, to Oct 10, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 20, 1892

I last saw her alive on Oct 10, 1937. Death is said to have occurred on the date stated above, at 4:45 P.M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 45 II 20

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

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

Mitral Regurgitation Date of onset _____

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 _____

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) Herndon, Mo. (STATE OR COUNTRY)

13. NAME William Lee Herndon

Name of operation _____ Date of _____

14. BIRTHPLACE (CITY OR TOWN) Herndon, Mo. (STATE OR COUNTRY)

What test confirmed diagnosis? _____ Was there an autopsy? _____

15. MAIDEN NAME Anna Railey

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

16. BIRTHPLACE (CITY OR TOWN) Herndon, Mo. (STATE OR COUNTRY)

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

17. INFORMANT Mrs. Anna Herndon (ADDRESS) Marshall, Mo.

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL

Manner of injury _____

Nature of injury _____

PLACE Ridge Park, Mo. DATE Oct. 12 1937

19. UNDERTAKER J.P. Sweeney (ADDRESS) Marshall, Mo.

24. Was disease or injury in any way related to occupation of deceased? no.

If so, specify _____ (Signed) J.P. Sweeney, M. D.

20. FILED 10-11-37 Mary Kent Registrar.

(Address) Marshall Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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