

JAN 25 1938

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

Do not use this space.

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1. PLACE OF DEATH

County Texas Registration District No. 513 File No. 46986
Township Piney Primary Registration District No. 1-27 Registered No. _____
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Jonathan Urial Herndon

(a) Residence, No. _____ St. _____ Ward _____
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 3 - 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 4 16

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

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) none 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Houston Texas

13. NAME Thomas D. Herndon

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

15. MAIDEN NAME Mary Miller

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

17. INFORMANT (ADDRESS) Simon Herndon

18. BURIAL, CREMATION, OR REMOVAL PLACE Opark Date Dec 20 37

19. UNDERTAKER (ADDRESS) G. L. Elliott

20. FILED 12-20 J. R. Womack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-19-1937

22. I HEREBY CERTIFY, That I attended deceased from death by being hit by _____, 19____. I last saw _____ on _____, 19____. Death is said to have occurred on the date stated above, at _____.

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

Hit accidentally by car on highway
Guid before doctor arrived

Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) J. R. Womack
(Address) _____

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.

