

**MISSOURI STATEBOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

3411

1. PLACE OF DEATH
 County Marion 64 Registration District No. 527
 Township Mason 8 Primary Registration District No. 3029
 City Hannibal (No. Lansing, Hospital) St. _____ Ward _____

2. FULL NAME Marvin Brown Herring 652
 (a) Residence, No. _____ St. _____ Ward Aurora Ill.
 (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.

File No. _____
 Registered No. 9
 St. _____ Ward _____

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 Marjorie Herring
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 12, 1912
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
25 4 17 _____
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 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) Mexico Missouri
 13. NAME Ltut W. Herring
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway Co. Missouri
 15. MAIDEN NAME Rosemary Masley
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway Co. Missouri
 17. INFORMANT L. W. Herring (ADDRESS) Hannibal Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Olivet Cemetery DATE Dec 30, 1937
 19. UNDERTAKER Wm M. Smith (ADDRESS) Hannibal, Mo.
 20. FILED Jan 5, 1938 H. C. Fisher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 29, 1937
 22. I HEREBY CERTIFY, That I attended deceased from 12-25, 1937, to Dec 29, 1937
 I last saw him alive on 12-29, 1937. Death is said to have occurred on the date stated above, at 5:10 A.M.
 The principal cause of death and related causes of importance were as follows:
Concussion Brain Date of onset _____
Crushing injury chest
 Other contributory causes of importance: _____
 Name of operation 2nd Date of _____
 What test confirmed diagnosis? Aut. Was there an autopsy? _____
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Acc. Date of injury 12-28, 1937
 Where did injury occur? Highway (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Auto accident Highway
 Manner of injury _____
 Nature of injury Fr skull? Concussion
 24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) J. H. Hardy M. D.
 (Address) Hannibal Mo.

This is a copy

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RECEIVED

FEB 28 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

I, James O'Donnell, Coroner of Marion
Mo., Was called to the Levering Hospital
to view the remains of Marvin B Herring who
died away Dec. 29 1937.

After talking to the family, I deemed
an autopsy unnecessary. *Death was due to
a fatal automobile accident.*

The death Certificate was signed by
W. Hardesty.

James O'Donnell
James O'Donnell
Coroner Of Marion County

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

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1. PLACE OF DEATH

(a) County Marion Registration District No.
(b) Township Primary Registration District No. Registered No.
(c) City Hannibal (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Marvin B. Hewing

(a) Residence, No. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) mar

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
25 4 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19

Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19. Death is said to have occurred on the date stated above, at m.

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

Concussion of Brain
Fractured skull head
from auto accident on
highway 210 m -
Ran off highway and upset
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. N. Hardesty, M. D.
(Address) Hannibal, Mo.