

REC'D APR 18 1938

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

11642
Do not use this space.

1. PLACE OF DEATH

(a) County Wodaway Registration District No. 629
 (b) Township Hughes Primary Registration District No. 4373
 (c) City Graham mo (d) Street No. 5124 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 George Herron 650

(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 male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1861-8-27

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 0 13

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

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) Madison Co
 (STATE OR COUNTRY) Mo

13. NAME James Herron

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

15. MAIDEN NAME Ellen Shaffer

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

17. INFORMANT Ara Herron
 (ADDRESS) Graham mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Graham DATE Mar 12 1938

19. FUNERAL DIRECTOR Fred Topham
 (ADDRESS) St. Louis Mo

20. FILED April 14 38 Mrs Ed Black Local Registrar. 553 (Address) Graham, Mo

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 10 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1938, to Mar 10, 1938

I last saw him alive on Feb 4, 1938. Death is said to have occurred on the date stated above, at 9 P m.

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

Paralytic agitator
Hemiplegia at the last

Date of onset
1928Other contributory causes of importance: 9718?

Name of operation none Date of
 What test confirmed diagnosis? none 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? no

If so, specify (Signed) E. D. Morgan, M. D.

(Address) Graham, Mo

STATEMENT BY LICENSED EMBALMER

I, J. Fred Turhune, Licensed Embalmer No. 1279

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E.

No..... or by..... Registered Apprentice No.....

working under my personal supervision.

Signed J. Fred Turhune
Licensed Embalmer No. 1279

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)