

REC'D OCT 7 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

77 County Ozark
 Township Barber
 City (No.)

Registration District No.

645

Primary Registration District No.

5854

File No. 32945

Registered No. 18

Ward

2. FULL NAME

(a) Residence, No.
 (Usual place of abode)

St.

Ward.

(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

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

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

Eva Herf

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

April 30 1890

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

48

4

25

OCCUPATION

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

Farmer

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

0

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

Mo.

13. NAME

Robert M. Herf

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

Mo.

15. MAIDEN NAME

Daisy Elliott

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

Mo.

17. INFORMANT (ADDRESS)

Mrs. Eva Fletcher
Gainesville, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Liberal Mo DATE 9/29 1938

19. UNDERTAKER (ADDRESS)

Ozark Funeral Home
Gainesville, Mo.

20. FILED

9/18 1938 J.T. White
Registrar

MEDICAL CERTIFICATE OF DEATH

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

Sept 28 1938

22. I HEREBY CERTIFY, That I attended deceased from

Sept 28 1938, to Sept 28 1938

I last saw him live on Sept 28 1938 Death is said

to have occurred on the date stated above, at 5:15 P.M.

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

Cerebral hemorrhage 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) P.E. Bushong, M.D.

578 (Address) Gainesville, Mo.

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.

