

REC'D APR 15 1939

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

Do not use this space.

11821

1. PLACE OF DEATH

78 County Demascat
Township Pascola
City 652 No. 587 D

Registration District No. 1102

Primary Registration District No. 2850

File No.

Registered No.

St. Ward)

2. FULL NAME

(a) Residence, No. 652 Bobbie Joe Herring St. Ward.

(Usual place of abode) Brigg City (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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 23 1934

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin. 5

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) Brigg City Mo

13. NAME Joe Herring

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

15. MAIDEN NAME Helen Carol

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

17. INFORMANT (ADDRESS) Joe Herring Brigg City

18. BURIAL, CREMATION, OR REMOVAL PLACE Cynthiaville DATE Jan 1939

19. UNDERTAKER (ADDRESS) Friends

20. FILED Feb 9 1939 Mrs F. R. Pold Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 28 '39

22. I HEREBY CERTIFY, That I attended deceased from Jan 28 1939 to Jan 28 1939, 1939

I last saw him alive on Jan 28, 1939. Death is said to have occurred on the date stated above, at 2:00 p.m.

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

Atelactasis Date of onset

Other contributory causes of importance:

Premature

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) Herb J. ... M. D.

(Address) Hayden

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.

Dear Sir,

I have the honor to acknowledge the receipt of your letter of the 14th inst.

in relation to the above mentioned matter.

The same has been referred to the appropriate authorities for their consideration.

I am, Sir, very respectfully,
Yours faithfully,

[Signature]

[Name]

[Address]

[City]

[State]

[Country]

[Additional Information]

[Closing Remarks]