

JUN 22 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

19397

Do not use this space.

1. PLACE OF DEATH

(a) County Ozark(b) Township Noble(c) City Wasola, MissouriRegistration District No. 644Primary Registration District No. 6286Registered No. 10

(e) Length of residence in city or town where death occurred

(d) Street No. 653 St. Jane M. E. Herndon

(If death occurred in Hospital or Institution, write its name instead of street and number)

(f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Jane M. E. Herndon(a) Residence, No. Wasola, Missouri

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

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

Alonzo Herndon6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 19, 1866

7. AGE

YEARS 72MONTHS 11DAYS 9

If LESS than 1 day, hrs. or min.

OCCUPATION

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

Housewife

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)

Columbus, Miss.

FATHER

13. NAME James W. Gaston

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

Miss.

MOTHER

15. MAIDEN NAME Mary Robison

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

Miss.

17. INFORMANT (ADDRESS)

Mrs. B. B. Herndon

18. BURIAL, CREMATION, OR REMOVAL

PLACE NobleDATE 4-30-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS)

C. V. Chickering
ava mo20. FILED 4-28-39Hattie G. Davis
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

4-28-39

19

22. I HEREBY CERTIFY, That I attended deceased from

Jan 2 1929 to Apr 4 1929
I last saw him alive on Apr 2 1929. 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:

Chronic myocarditisDate of onset
Sept
1928

Other contributory causes of importance:

Branchial ectasiaDate of onset
Sept
1928

Name of operation

Phys. Ex.

Date of

What test confirmed diagnosis?

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)

Robt M. Norman, M. D.

(Address)

ava mo

Dr. A. M. Norman

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.