

AR 19 1928

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

Do not use this space.

1. PLACE OF DEATH

County Henry
Township Deepwater
City Deepwater

Registration District No. 351
Primary Registration District No. 4208

File No. 4707
Registered No. 3
St. _____ Ward _____

2. FULL NAME

Wm F Herford
(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 31, 1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 | 6 | 27

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Indy
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Robert Herford

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Indy
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Matilda Blankenship

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Indy
(STATE OR COUNTRY)

14. INFORMANT Mr. W. F. Herford
(Address) Deepwater

15. FILED 2/29 28 J. J. Russell
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/28 19 28

17. I HEREBY CERTIFY, That I attended deceased from Sanitarium Feb 19, 1928 that I last saw him alive on 2/19, 1928, and that death occurred, on the date stated above, at 2, P.

THE CAUSE OF DEATH WAS AS FOLLOWS:
No Post Mortem - Squamous
Cancer of stomach
468

CONTRIBUTORY (SECONDARY) 44
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. J. Russell, M. D.
2/28, 1928 (Address) Deepwater

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

PLACE OF BURIAL, CREMATION, OR REMOVAL Deepwater
DATE OF BURIAL 2/29 1928

20. UNDERTAKER John Hurst
ADDRESS Deepwater

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.

