

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

Do not use this space.

40361

1. PLACE OF DEATH

County Henry
Township Davis
City..... (No....., St..... Ward)

Registration District No. 355
Primary Registration District No. 5497

File No.....
Registered No. 13

2. FULL NAME

Hattie Ella Herring

(a) Residence, No....., St....., Ward.....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 20, 1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
70 | | | 10

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Shelby Co, Ky

10. NAME OF FATHER

Wm. F. Jones

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Union Co, Ky

12. MAIDEN NAME OF MOTHER

Rebecca McKee

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Shelby Co, Ky

14.

INFORMANT Mrs. G. A. Kerns
(Address) Clinton Mo - Rt 4

15.

FILED 1-10-29 W.E. Baggerly
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 31 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec. 25, 1928, to Dec. 31, 1928 that I last saw h. a. m. alive on Dec. 31, 1928, and that death occurred, on the date stated above, at 8:15 A. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Arterio-sclerosis

CONTRIBUTORY (SECONDARY) Chronic intoxication from dental infection

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH. no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. E. Baggerly, M. D.
1-2, 1929 (Address) Sa Rue, Mo

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Sa Rue Cem

DATE OF BURIAL

1-1 1929

20. UNDERTAKER

Dunst + Wilkinson

ADDRESS

Clinton 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.

HEAD 29 1929

