

OCT 23 1935

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

Do not use this space.

29345

## 1. PLACE OF DEATH

42 County Henry Registration District No. 347  
Township Wright Primary Registration District No. 5495  
7 City Wright (No. 4210) St. \_\_\_\_\_ Ward \_\_\_\_\_  
Registered No. \_\_\_\_\_

3 2. FULL NAME Leo Christopher Herrald

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 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 Lillie Herrald

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 8 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
58 no. 13

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Groceries & Hdw.

10. Date deceased last worked at this occupation (month and year) Sept 1935 11. Total time (years) spent in this occupation 22 yrs

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

13. NAME Leo G. Herrald14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana15. MAIDEN NAME Lillie Biggs

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

17. INFORMANT (ADDRESS) Wm Cheek  
Rivers City Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Wright Cemetery DATE Sept 23 193519. UNDERTAKER (ADDRESS) H. Smith  
Wright Mo20. FILED Sept 30 1935 J. R. Hampton  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 21 193522. I HEREBY CERTIFY, That I attended deceased from Sept 14 1935 to Sept 21 1935

I last saw him alive on Sept 21 1935. Death is said to have occurred on the date stated above, at H. P. M.

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

Hemiplegia of right side

Date of onset

Other contributory causes of importance:

As former stroke occurring Oct. 11, 1930 on left sideName of operation y Date of yWhat test confirmed diagnosis? y Was there an autopsy? \_\_\_\_\_23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? y Date of injury y, 1935Where did injury occur? y (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury yNature of injury y24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) J. W. Galbreath, M. D.(Address) Wright 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.

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