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.

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

MAR 24 1936

Do not use this space.

7273

1. PLACE OF DEATH
County Ralls
Registration District No. 227
File No. 3
Township Saltriver
Primary Registration District No. 5959
Registered No.
City Perry (No. , 4423 St. Ward)

2. FULL NAME William Henry Herron
(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 50 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~~ Merry Herron
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 7- 1854
7. AGE YEARS 81 MONTHS 7 DAYS 27 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
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) Ill

FATHER
13. NAME James Herron
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Hannah Read
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

17. INFORMANT Rufe Herron
(ADDRESS) Center Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Martin Cemetery DATE Feb 5 1936
19. UNDERTAKER W.H. Couch
(ADDRESS) Center Mo
20. FILED 2-3-~~4~~ 1936 Geo Rowells
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 3, 1936
22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1936, to Feb 2, 1936
I last saw him alive on Feb 2, 1936. Death is said to have occurred on the date stated above, at 12.10 A.m.
The principal cause of death and related causes of importance were as follows:
Bronchial Pneumonia — Date of onset Jan 28
[illegible]
Other contributory causes of importance: Flu)
Name of operation 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) John E Brown, M. D.
(Address) Perry Mo