

JUN 22 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jefferson Registration District No. 420 55<sup>th</sup>  
Township Central Primary Registration District No. 3022  
City West (No. 2) St. Mo. Ward 2

File No. 20434  
Registered No. \_\_\_\_\_

2. FULL NAME

Millie Dora Herington  
(a) Residence, No. Route 2 St. Mo. Ward 2  
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 1 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22, 1937

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF B. F. Herington

22. I HEREBY CERTIFY, That I attended deceased from Sept 1936, 1936 to May 22, 1937  
I last saw h. alive on May 19, 1937 Death is said to have occurred on the date stated above, at 1:30 A.M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
25 71 2 29

The principal cause of death and related causes of importance were as follows:  
chronic nephritis Date of onset \_\_\_\_\_

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

Other contributory causes of importance: 131  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? clinical Was there an autopsy? no

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wellston Mo.

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no 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. \_\_\_\_\_

13. NAME Joshua Reynolds  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

15. MAIDEN NAME Elizabeth M. Kean  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson Co Mo.

17. INFORMANT Mrs. B. B. Hale  
(ADDRESS) Rt. No 2 West

18. BURIAL, CREMATION, OR REMOVAL PLACE Grave Chapel DATE May 24 37

19. UNDERTAKER Mothershead  
(ADDRESS) West Mo.

20. FILED June 9 1937 Jeneva Somell  
Registrar.

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) David Ford, M. D.  
(Address) De Soto 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.

