

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

Do not use this space.

335-85-A
1930

FEB 20 1930

PLACE OF DEATH Mountain Registration District No. 574
 County Mountain Primary Registration District No. 5772A
 Township Linn City (No.) St. Ward

File No.
 Registered No. 15

2. FULL NAME Leutitia Herndon
 (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 72 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

1 MEDICAL CERTIFICATE OF DEATH

3. SEX Female
 4. COLOR OR RACE white
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF E. F. Herndon
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9/9/58
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
72 1 18

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10 - 27 1930
 17. I HEREBY CERTIFY, That I attended deceased from Sept 1 - 1929 to 10 - 27 1930 that I last saw her alive on 10 - 26 1930 and that death occurred, on the date stated above, at 9 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chr Valvular Disease

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

Heart
92 A (duration) unknown yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Q (duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH

10. NAME OF FATHER J. F. Moore

19. DID AN OPERATION PRECEDE DEATH? No DATE OF
 WAS THERE AN AUTOPSY? No

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

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) A. L. Meredith M. D.

12. MAIDEN NAME OF MOTHER Mary Alexander

10-24 1930 (Address) Prairie Home Mo

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

*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.

14. INFORMANT E. F. Herndon (Address)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt Zion Cem DATE OF BURIAL 10/29 1930

15. FILE W 1930 Ellis Drake REGISTRAR

20. UNDERTAKER to Albert Hornbeck Prairie Home Mo

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.

