

OCT 24 1934

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

Do not use this space.

25602

1. PLACE OF DEATH

County Moniteau
Township Linn
City (No. _____) _____

Registration District No. 574
Primary Registration District No. 5772A

File No. 1934
Registered No. 15
St. _____ Ward _____

2. FULL NAME

William Tomas 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 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) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) march 18-1853

7. AGE YEARS 79 MONTHS 4 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
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) Missouri

MOTHER 13. NAME Edmund Herndon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) north Carolina

15. MAIDEN NAME Mary Boswell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) north Carolina

17. INFORMANT (ADDRESS) Jerry Herndon

18. BURIAL, CREMATION, OR REMOVAL PLACE MT Zion DATE 7-26-34

19. UNDERTAKER (ADDRESS) Albert Hornbeck

20. FILED July 31, 1934 Ellis E. Baird Registrar.

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24 1934

22. I HEREBY CERTIFY, that I attended deceased from June 10 1934 to July 24 1934. I first saw him live on July 23, 1934. Death is said to have occurred on the date stated above, at 4 P. m.

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

Chc Valvular Disease of Aortic Date of onset unknown

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____

If so, specify _____

(Signed) A. L. Smith M. D.

(Address) Praxis Home Md

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.

