

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

Do not use this space.

37925

1. PLACE OF DEATH

County Rays
Richmond
City Richmond (No. 7)

Registration District No. 444
Primary Registration District No. 3035

File No. _____
Registered No. 99
St. _____ Ward _____

2. FULL NAME

Nina Blanch Herndon
(a) Residence. No. Roy Co St. _____ Ward _____
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 1 yrs. 1 mos. 13 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Marcelus Herndon

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 24-1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 1 13

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House work
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Wair Co. Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Simon B Shiner

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

12. MAIDEN NAME OF MOTHER Ardelia Barchwell

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

14. INFORMANT Marcelus Herndon
(Address) Richmond Mo

15. FILED Nov 8, 1928 W L Hamilton
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11/7/28 1928

17. I HEREBY CERTIFY That I attended deceased from July 28, 1928, to 11/7, 1928, that I last saw h. alive on Nov 6, 1928, and that death occurred, on the date stated above, at 6:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Organic heart disease
92A (Mittal lesion)
95B
110B

CONTRIBUTORY (SECONDARY) Ascities, Plural Effusion
(duration) yrs. 4 mos. ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? H. G. Clark M. D.
Nov 8, 1928 (Address) Excelsior Spgs Mo.

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Laplata, Mo. DATE OF BURIAL Nov 9 1928

20. UNDERTAKER John C Prather ADDRESS Excelsior Spgs 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.

