

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

Do not use this space.

34173

1. PLACE OF DEATH

County Ray
Township
City Hardin mo (No. _____) St. _____ Ward _____

Registration District No. 740
Primary Registration District No. Mo. 4511

File No. 19
Registered No. _____

2. FULL NAME

Ida Dorcas Herring
(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 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 Tom J. Herring

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July - 21 1863

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
70 - 3 6

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) Aug 11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

13. NAME John W. Wheeler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Sydia M. Mullikin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT Mrs. Willie Gould
(ADDRESS) Hardin mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty Cem DATE Oct - 29 1933

19. UNDERTAKER John W. Kneppchila
(ADDRESS) Hardin mo

20. FILED Oct. 28 1933 R. K. Willeford
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 27th 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1933, to Oct 27, 1933

I last saw her alive on Oct 27, 1933. Death is said to have occurred on the date stated above, at 12:30 p.m.

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

Myocarditis
1 10/28
6 10/15
9 30
9 30
Other contributory causes of importance: Hyperthyroidism

Date of onset ?

23. Name of operation _____ Date of _____
What test confirmed diagnosis? clinical 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) Carl H. Reed, M. D.
(Address) Hardin, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

NOV 10 1933

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