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

Do not use this space.

MAR 24 1934

File No. 6169

1. PLACE OF DEATH

County *Ray* Registration District No. *744*

Township *Richmond* Primary Registration District No. *3035*

Registered No. *23*

City *Richmond* (No. *R.F.D.* St. Ward.)

2. FULL NAME *LOUIS CLARK HERRINGTON*

(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	MEDICAL CERTIFICATE OF DEATH

3. SEX *Male* **4. COLOR OR RACE** *Col.* **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) *Married*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *2/28/34*, 19

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Fannie Herrington*

22. I HEREBY CERTIFY, That I attended deceased from *Feb 24* 19 *34* to *Feb 27*, 19 *34*

I last saw h___ alive on *Feb 27*, 19 *34* Death is said to have occurred on the date stated above, at *8:20 A.* m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Mar 1, 1862*

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	71	*11*	*27*	

Date of onset

Lobar Pneumonia

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Coal Miner*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Other contributory causes of importance:

Cough

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) *Do not know*

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? *No*

13. NAME *Do not know*

23. If death was due to external causes (violence), fill in also the following:

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

Accident, suicide, or homicide? _____ Date of injury _____, 19

Where did injury occur? _____
(Specify city or town, county, and State)

15. MAIDEN NAME

Specify whether injury occurred in industry, in home, or in public place.

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

Manner of injury _____

17. INFORMANT *Fannie Herrington*
(ADDRESS) *Richmond Mo R.F.11*

Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE *Richmond Mo* DATE *3/3/34*, 19

24. Was disease or injury in any way related to occupation of deceased? *No*
If so, specify _____

19. UNDERTAKER *C. M. Joiner*
(ADDRESS) *Richmond Mo*

(Signed) *E. E. Day*, M.D.

20. FILED *3-9* 19 *34* *C. E. Day* Registrar.

(Address) *Richmond Mo*