

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

Do not use this space.

6081

**1. PLACE OF DEATH**

51 County Johnson Registration District No. 1430  
5 Township Lecton Primary Registration District No. 4256  
1 City Lecton (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Alice Ann 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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James Herndon</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 3 1856</u>		
7. AGE	YEARS <u>74</u>	MONTHS <u>8</u>
	DAYS <u>23</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>	
	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) <u>Fayetteville Mo</u>		
FATHER	13. NAME <u>William S Foster</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lawrence, Mo</u>	
MOTHER	15. MAIDEN NAME <u>Miranda Jones</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lawrence, Mo</u>	
17. INFORMANT (ADDRESS) <u>Mr. James Herndon Lecton Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	<u>High Bent</u>	DATE <u>2-28 1931</u>
19. UNDERTAKER (ADDRESS) <u>Julian L Wallace</u>		
20. FILED	<u>226 31</u>	<u>W. B. Hoops</u> Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-26 1931

22. I HEREBY CERTIFY, That I attended deceased from January 17 1931 to Feb 26 1931  
I last saw her alive on Feb 26 1931. Death is said to have occurred on the date stated above, at 9:05 P.M.  
The principal cause of death and related causes of importance were as follows:  
Chronic Passive hypertension  
nephritis 131  
930

Date of onset  
Don't know

Other contributory causes of importance:  
myocarditis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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) J. B. Hoops, M. D.  
(Address) Lecton, Mo.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A STATE

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.

