

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

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.

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

1 PLACE OF DEATH

County Jackson  
Township Kanwin  
Village \_\_\_\_\_  
City Kansas City, Mo. (No. 2411 Spruce St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. \_\_\_\_\_  
Primary Registration District No. 1002

File No. \_\_\_\_\_  
Registered No. 1131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME John Charley Herald

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED Married  
WIDOWED OR DIVORCED (Write the word)

6 DATE OF BIRTH Feb 7 1833  
(Month) (Day) (Year)

7 AGE 84 yrs 10 mos 24 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work Retired  
(b) General nature of industry business, or establishment in which employed (or employer) Merchant

9 BIRTHPLACE (City or town, State or foreign country) Germany

10 NAME OF FATHER W. Herald

11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Germany

12 MAIDEN NAME OF MOTHER don't know

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Otto Herald  
(Address) 2411 Spruce St.

15 Filed Jan 10 1918 Registrar John W. Wagner

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 1 1918  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Dec 30, 1917, to Jan 1, 1918 that I last saw alive on Dec 31, 1917 and that death occurred, on the date stated above, at 11:59 a.m.

The CAUSE OF DEATH\* was as follows:  
Pneumonia  
lobar  
108 2 11 1917  
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) \_\_\_\_\_  
(Duration) yrs. mos. ds.

(Signed) J. W. Carter M. D.  
Jan 3, 1918 (Address) 2407 Jackson

\*State the Disease Causing Death, or, in death from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)  
At place of death 18 yrs 60 mos 0 ds. In the State 60 yrs 0 mos 0 ds.

Where was disease contracted if not at place of death? Kansas City, Mo.  
Former or usual residence \_\_\_\_\_

19 PERCE OF BURIAL OR REMOVAL Unknown DATE OF BURIAL Jan 4, 1918

20 UNDERTAKER John W. Wagner ADDRESS 1409 Grand Ave

