

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

Do not use this space.

24571

1. PLACE OF DEATH

County Jackson
Township Kan
City Kansas City (No. 1st Mary St Hosp.)

Registration District No. 300

300

File No. _____

Primary Registration District No. 300

Registered No. 300

St. 300 (Ward)

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward. Gopoka
(Usual place of abode)

Gopoka

(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

Male

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

Mrs Esther Sherman

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Nov. 13 - 1893

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

33

9

18

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Yard Watchman

(b) General nature of industry, business, or establishment in which employed (or employer)

Union Pac. Ry.

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Kans.

10. NAME OF FATHER

Fred Sherman

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Kansas.

12. MAIDEN NAME OF MOTHER

Nellie Young

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ky.

14.

INFORMANT (Address)

Little River Kans. Mrs Nina Sherrill

15.

FILED

8/31, 1927 M. M. Crowe

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Aug 31 1927

17.

Cosmo
I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____,

that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Homecush - fire arms
192
1917

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

19. DID AN OPERATION PRECEDE DEATH?

DATE OF _____

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H. G. Snow, M. D.

8-31, 1927 (Address) Cosmo

*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

DATE OF BURIAL

Gopoka Kans.

8/31/27

20. UNDERTAKER

ADDRESS

The Freeman Mortuary

3146 Main

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.

