NV 22 1928

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

Do not use this space.

34710

1. PLACE OF DEATH
County ST. LOUIS — Registration District No. 1123
Township CARONDELET — Primary Registration District No. 6248 E
City ~~Mo.~~ (No. Mt. Ft. Rose St. Ward)

File No.
Registered No. 346

2. FULL NAME Ella Sherman
(a) Residence. No. RUSH TOWER MO. 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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Russel Sherman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8-21-1891 (aug.)

7. AGE: Years 37 | Months 1 | Days 22 | If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): MISSOURI

PARENTS
10. NAME OF FATHER: Sylvester Davis
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): MISSOURI
12. MAIDEN NAME OF MOTHER: Mrs. Mary Wittworth
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): MISSOURI

14. INFORMANT: Mt. Ft. Rose Records
(Address)

15. FILED: Oct. 15, 1928 L. C. Obrock M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-15 1928

17. I HEREBY CERTIFY, That I attended deceased from May 27, 1928, to Oct. 15, 1928, that I last saw her alive on Oct. 15, 1928, and that death occurred, on the date stated above, at 6 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
23A
25
Tubercular Enteritis (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

31

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? NO DATE OF
WAS THERE AN AUTOPSY? NO
WHAT TEST CONFIRMED DIAGNOSIS? Sputum & X Ray
(Signed) R. J. Strang, M.D.
, 19 (Address) per Schlenker

*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: Festus Mo. — DATE OF BURIAL: Oct. 15 1928

20. UNDERTAKER: Dunster & Kingard — ADDRESS: Festus Mo.

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.