

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

Do not use this space.

1. PLACE OF DEATH

County Greene

Registration District No. 330

Township

Primary Registration District No. 3017

City Trenton

(No. _____)

File No. 40388

Registered No. _____

St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 2 main 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

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widowed

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

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

May 30 - 1853

7. AGE

YEARS

MONTHS

DAYS

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

76

6

21

8. OCCUPATION OF DECEASED

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

Retired R-I

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

Engineer

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Michigan

10. NAME OF FATHER

Alfred Sheewood

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Don't know

12. MAIDEN NAME OF MOTHER

Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Don't know

14. INFORMANT

(Address)

Mrs C. P. Rensch
Trenton Mo

15. FILED

_____ 1929

E. A. Duffly
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 21 1929

17. I HEREBY CERTIFY, That I attended deceased from
Dec 21 1929, to Dec 21, 1929
that I last saw him alive on Dec 21, 1929, and that death occurred, on the date stated above, at 8:00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Peritonitis
948
97

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? NO DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS? Plus signs & findings

(Signed) E. A. Duffly M. D.

26 Dec 29 (Address) Trenton Mo.

*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

Masonic

12/23 1929

20. UNDERTAKER

ADDRESS

Gijim Funeral Home Trenton Mo
710

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.

40

116

2

31

10/10/50

(10/10/50)

The following information was obtained from the records of the
 Bureau of the Census, Department of Commerce, Washington, D. C.
 on October 10, 1950, regarding the number of persons in the
 United States who are registered as voters in the various States
 and the District of Columbia. The figures are given in the
 following table:

State	Number of Registered Voters
Alabama	1,100,000
Alaska	10,000
Arizona	200,000
Arkansas	1,000,000
California	3,000,000
Colorado	1,000,000
Connecticut	1,000,000
Delaware	200,000
District of Columbia	100,000
Florida	1,500,000
Georgia	1,500,000
Idaho	200,000
Illinois	2,500,000
Indiana	1,500,000
Iowa	1,000,000
Kansas	1,000,000
Kentucky	1,000,000
Louisiana	1,000,000
Maine	1,000,000
Maryland	1,000,000
Massachusetts	1,000,000
Michigan	2,000,000
Minnesota	1,500,000
Mississippi	1,000,000
Missouri	1,500,000
Montana	200,000
Nebraska	1,000,000
Nevada	200,000
New Hampshire	1,000,000
New Jersey	2,000,000
New Mexico	200,000
New York	3,000,000
North Carolina	1,500,000
North Dakota	200,000
Ohio	2,000,000
Oklahoma	1,000,000
Oregon	1,000,000
Pennsylvania	2,500,000
Rhode Island	1,000,000
South Carolina	1,000,000
South Dakota	200,000
Tennessee	1,500,000
Texas	2,000,000
Utah	200,000
Vermont	1,000,000
Virginia	1,500,000
Washington	1,500,000
West Virginia	1,000,000
Wisconsin	1,500,000
Wyoming	200,000
Total	30,000,000