

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.

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

JAN 26 1934

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

Do not use this space.

41373

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 783  
City Shrews Mo. (No. Marion Hospital)

File No. 10915  
Registered No. 10915  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 5351 Nelson St. 17 Ward.

(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>Male</u>	4. COLOR OR RACE <u>White</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>Maud Sherman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 13-1867</u>		
7. AGE	YEARS <u>66</u>	MONTHS <u>6</u>
	DAYS <u>6</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>Retired Sawyer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>General</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

**MEDICAL CERTIFICATE OF DEATH**

Physician in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/19/1933

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 7:45 p.m.

The principal cause of death and related causes of importance were as follows:

Ch. Myocarditis  
Arteriosclerosis  
Emphysema of liver

Other contributory causes of importance:  
1240  
93C  
99

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? yes

23. If death was due to external cause (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?  
If so, specify \_\_\_\_\_  
(Signed) Harold P. Schuy  
(Address) 1201 1/20/33

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Nauvoo, Mo</u>
	13. NAME <u>Robt J Sherman</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Town</u>
	15. MAIDEN NAME <u>Melinda M. Crum</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pop</u>
17. INFORMANT (ADDRESS) <u>Harold P. Schuy</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Parthallan</u>	
19. UNDERTAKER (ADDRESS) <u>675-50</u>	
20. FILED <u>20 1933</u>	

Registrar

