DEC 14 1937

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

Do not use this space.

File No. 40673
Registered No. 1228

1. PLACE OF DEATH
County: Buchanan,
Registration District No.:
Township:
Primary Registration District No.:
City: St. Joseph, (No. St. Joseph's Hospital, St. Ward)

2. FULL NAME: Elena Christina Sherman,
(a) Residence, No. 823 South 11th. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 48 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: Isaac L. Sherman,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 13, 1869.
7. AGE: Years 68 Months 3 Days 21 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Elmhult, Sweden,

FATHER
13. NAME: Johanson Peterson,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Sweden,

MOTHER
15. MAIDEN NAME: Christina Nelson,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Sweden,

17. INFORMANT: George H. Sherman
(ADDRESS) 823 So. 11th. Street,
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Auburn Cem. DATE Nov. 6th., 1937
19. UNDERTAKER: Heaton-Belgee & Bowman
(ADDRESS) 319 So. 10th. Str. Tuesday Nov.
20. FILED Nov 6, 1937 H. J. Mettlebush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 4th., 1937
22. I HEREBY CERTIFY, That I attended deceased from Oct 11 - 1937, to Nov 3, 1937
I last saw he alive on Nov 3, 1937. Death is said to have occurred on the date stated above, at 3:20 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis - 127B	10-11-
Other contributory causes of importance: Chronic Cystitis, Chr -	10-11-

Name of operation: None Date of:
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (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? No
If so, specify:
(Signed) Frank Lester Legge, M. D.
(Address) Kansas Palmer Bldg.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.