

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

Do not use this space.

REC'D MAR 15 1939

**1. PLACE OF DEATH**

County St. Clair Registration District No. 765  
 Township \_\_\_\_\_ Primary Registration District No. 4460  
 City Osceola (No. \_\_\_\_\_) St. \_\_\_\_\_ (Ward \_\_\_\_\_)

File No. 7662  
 Registered No. 3

**2. FULL NAME**

John (Sheehy) SHEEHY  
 (a) Residence, No. \_\_\_\_\_ 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) ✓

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
45

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. oil worker  
 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) Unknown

FATHER  
 13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER  
 15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) O. S. Shultz Osceola Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Marion City Mo. DATE 3/2 1939

19. UNDERTAKER (ADDRESS) O. S. Shultz Osceola Mo.

20. FILED 3/2 1939 Ruth Seewers Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 1 1939

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
 I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 9:10 p.m.  
 The principal cause of death and related causes of importance were as follows:

Neck Broken, Auto accident (Date of onset)  
was driving car when it turned over  
 Other contributory causes of importance:  
8/10 m

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) O. S. Shultz Coroner, M.-D.  
 (Address) Osceola

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.

JUN 29 1943

*O. Stull* Missouri License # 2097

RECEIVED  
District Health Officer No. 7,  
District File Number 7-39-44  
Date Filed 3-11-39

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BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

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**1. PLACE OF DEATH**

County St. Clair  
Township \_\_\_\_\_  
City Osceola (No. \_\_\_\_\_)

Registration District No. 765  
Primary Registration District No. 4460

File No. \_\_\_\_\_  
Registered No. 3 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. John E. de Shedy  
(Usual place of abode) 117 N. Monroe Ave., Morgan City, La.

(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 m 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 Rose Mary Shedy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr/23, 1892

7. AGE YEARS MONTHS DAYS If less than 1 day, hrs. min.  
46 10 18 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lightning Bolt  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Electrician  
10. Date deceased last worked at this occupation (month and year) 3-1-37 11. Total time (years) spent in this occupation. 17

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Utica, Illinois

MOTHER FATHER 13. NAME M. J. Shedy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Utica, Illinois

15. MAIDEN NAME Ellen O'Connor

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Utica, Illinois

17. INFORMANT O. J. Hull Jr. (ADDRESS) Osceola, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Edmond Cemetery DATE 4-4-1939

19. UNDERTAKER O. J. Hull Jr. (ADDRESS) Osceola, Mo.

20. FILED 3/2 1939 Paul Deanna Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1, 1939

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

I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

to have occurred on the date stated above, at 9:10 P. m.

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

Neck broken, auto accident  
was driving car when it turned over.

Date of onset

Other contributory causes of importance:

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

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

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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) O. J. Hull Jr., M. D.

(Address) Osceola, Mo.

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.

S-7662