

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. 85
 Township St. Joseph Primary Registration District No. 1001
 City St. Joseph (No.) St. Ward

File No. 39057
 Registered No. 1191

2. FULL NAME 630 George W. Sherwood

(a) Residence, No. 2028 Highly St. St. Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 73 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 9 1860

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
79 0 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Agent Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Union Pacific

10. Date deceased last worked at this occupation (month and year) 9 yrs 11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Savannah, Mo.

FATHER 13. NAME Adam Sherwood

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

MOTHER 15. MAIDEN NAME Mary Unknown

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

17. INFORMANT (ADDRESS) Mrs Nellie B. Sherwood
2028 Highly

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland DATE Nov 20, 1939

19. UNDERTAKER (ADDRESS) Tracy Barry Funeral Home
218 South 10th St.

20. FILED 11-20 1939 W. H. Heston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 18, 1939, to Nov 18, 1939

I last saw him alive on death Nov 18, 1939. Death is said to have occurred on the date stated above, at 6:30 A.M.

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

Coronary thrombosis Date of onset

Other contributory causes of importance: 94

Name of operation none Date of
 What test confirmed diagnosis? clinical. 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) Gustav A. Law, M. D.
85 (Address) Kirkpatrick Bldg, Springfield, 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.

FEB 24 1940

I embalmed the body described on the opposite side of
this paper.

License No.

John E. Rupp
3986