

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

Do not use this space.

3120

1. PLACE OF DEATH

County..... Registration District No. *18*
Township..... Primary Registration District No.
City St. Louis, (No. Missouri Baptist Sanitarium, St. Ward)

File No.
Registered No. 865

2. FULL NAME Francis M. Sheets,

(a) Residence, No. St. 12 Ward. Moscow Mills, Mo.
(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) Married,
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ruby H. Sheets,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1892-2-10

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	39	11	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer, *11:00*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Proprietor *7:30*
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation. *7 1/2*

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

FATHER
13. NAME Maurice E. Sheets,

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

MOTHER
15. MAIDEN NAME Ida Dyer,

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

17. INFORMANT (ADDRESS) J. S. Sheets, 4398a Chouteau av.,

18. BURIAL, CREMATION, OR REMOVAL PLACE Troy, Mo. DATE 1/27/32.

19. UNDERTAKER (ADDRESS) Robert L. Shepherd, Inc. Clayton Road at Concordia Lane.

20. FILED Jan 26 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 25th, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1931, to January 25th, 1932.

I last saw him alive on January 25th, 1932. Death is said to have occurred on the date stated above, at 12:15 A.

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

Abscess of brain cause unknown
Menigitis, acute, pyogenic - organism not determined
Date of onset

Other contributory causes of importance:
Abscess of lung, right cause empty, right unknown

Name of operation Reb. resection Date of Jan 16, 1931
What test confirmed diagnosis? Smear from abscess Was there an autopsy? No.

28. 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) Robert L. Shepherd, M. D.
(Address) Lister Bldg.

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.

