

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

30141

**1. PLACE OF DEATH**

County Jackson  
Township Carew  
City Carew (No. 1825 Agnes 100)

Registration District No. 999  
Primary Registration District No. 100

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

**2. FULL NAME**

Albert Elsworth Sherman

(a) Residence No. 1825 Agnes 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 20 1916

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
3 3 28

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Child  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Kansas

**10. NAME OF FATHER**

W. E. Sherman

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) Mo.

**12. MAIDEN NAME OF MOTHER**

Albia Guelan

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Mo.

**14.**

INFORMANT A. E. Sherman  
(Address) 1825 Agnes

**15.**

FILED 10-2-1919 Ada Thomas REGISTRAR  
Dep

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 1 1919

17. I HEREBY CERTIFY, That I attended deceased from Aug 24, 1919, to Oct 1, 1919, that I last saw deceased alive on Oct 1, 1919, and that death occurred, on the date stated above, at 1145 East

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Cholera Infantum  
12 1/2 (duration) yrs. mos. ds.

**CONTRIBUTORY (SECONDARY)**

Mumps  
(duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH, \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? NO DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_

(Signed) Thos S Thomas M. D.

(Address) 314 Chambers Bldg

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

**DATE OF BURIAL**

Elmwood

Oct 2 1919

**DR. UNDERTAKER**

**ADDRESS**

Mrs C. L. Trotter

918 Brooklyn

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.

