

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

29157

1. PLACE OF DEATH

County Madison Registration District No. 398 File No. _____
 Township Blue Primary Registration District No. 5554 Registered No. 384
 City Madison, Kentucky - Butler (Ward) St. _____ Ward _____

2. FULL NAME Charles A. Sherman

(a) Residence. No. Kentucky - Butler, Mo. Ward. _____
 (Usual place of abode)

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 - Margaret Sherman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 8, 1845

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 | 2 | 7 | _____

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Richmond
 (STATE OR COUNTRY) Va.

10. NAME OF FATHER No. Record

11. BIRTHPLACE OF FATHER (CITY OR TOWN) No. Record
 (STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER No. Record

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) No. Record
 (STATE OR COUNTRY) _____

14. INFORMANT H. E. Sherman
 (Address) 3220 Peasey

15. FILED Nov 15, 1921 J. H. Cook
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 15, 1921

17. I HEREBY CERTIFY, That I attended deceased from Nov 12, 1921, to Nov 14, 1921, that I last saw him alive on Nov 14, 1921, and that death occurred, on the date stated above, at 2-a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Dementia
13.0
16.0 (duration) yrs. mos. ds. 17
 CONTRIBUTORY Senility
 (SECONDARY) (duration) yrs. mos. ds. _____

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH, _____

18 DID AN OPERATION PRECEDE DEATH. DATE OF _____
 WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS.
 (Signed) Chas. E. Nielsen, M. D.
11-15, 1921 (Address) Sugar Creek Mo

*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 Grasswood DATE OF BURIAL Nov 16, 1921

20. UNDERTAKER Wm. L. Foster ADDRESS K. C. Mo.

K. 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. WRITE PERMANENTLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

