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.

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

Do not use this space.

11825

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kaw — Primary Registration District No. 399

City Kansas City (No. 3734 Summit St. Ward)

File No.

Registered No. 11821

2. FULL NAME Hervey Russell Sheldon

(a) Residence. No. 3734 Summit St. Ward.
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 2 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 26, 1858

7. AGE: 68 Years — Months: 4 — Days: 21 — If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired Grain
(b) General nature of industry, business, or establishment in which employed (or employer): dealer.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

PARENTS

10. NAME OF FATHER: Hervey Sheldon
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) New York
12. MAIDEN NAME OF MOTHER: Mary B. Kellogg
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) New York

14. INFORMANT: H F Sheldon
(Address) 3734 Summit

15. FILED 4/18 1927 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 17th 1927

17. I HEREBY CERTIFY, That I attended deceased from Apr 17, 1927, to Apr 17, 1927 that I last saw h. alive on Apr 17 p. 1927, and that death occurred, on the date stated above, at 11 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis, acute
Hypostatic pneumonia
(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) Influenza
(duration) yrs. mos. 21 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? Clinical symptoms
(Signed) Thos L Draper M. D
Apr 18 1927 (Address) 910 Argyle 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Rochester Minnesota — DATE OF BURIAL: 4/18/27

20. UNDERTAKER: Joe Freeman Mortuary — ADDRESS: 3146 Main St.

910 argyle
120 McLee