

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

Do not use this space.

1183

**1. PLACE OF DEATH**

County Jackson  
Township Blair  
City Kansas City, Mo.

Registration District No. 399  
Primary Registration District No. Highland 1002

File No. 207  
Registered No. 207  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Joseph Sheafe  
(a) Residence No. 3426 Highland St.  
(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da. 13 Ward \_\_\_\_\_  
(If nonresident give city or town and State)  
How long in U.S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 15 - 1865

7. AGE YEARS MONTHS DAYS / If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
62 | 1 | 1

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Doctor  
(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) La

PARENTS

10. NAME OF FATHER Edward A. Sheafe

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Mass

12. MAIDEN NAME OF MOTHER Margaret Godfrey

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Ohio

14. INFORMANT Roxie Sheafe  
(Address) 3426 Highland

15. FILED Jan 16 28 M. M. Casper REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 16 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 7 1928, to Jan 15 1928, that I last saw him alive on Jan 15 1928, and that death occurred, on the date stated above, at \_\_\_\_\_  
30 E. \_\_\_\_\_

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

1. Nephro lithiasis  
(duration) 15 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

CONTRIBUTORY (SECONDARY) uremia  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

18. WHERE WAS DISEASE CONTRACTED 1220  
IF NOT AT PLACE OF BIRTH \_\_\_\_\_

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

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? X-ray  
(Signed) J. C. Luyser, M. D.  
1116 1928 (Address) 218 Lee 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 Ottumwa Ia DATE OF BURIAL Jan 17 1928

20. UNDERTAKER Mrs. G. L. Luster ADDRESS City

No. P.—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.

6498

J. O. Lippert  
200 Lee Bldg 10th  
1-6

10th &  
main