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

Do not use this space.

30918

1. PLACE OF DEATH
County Knox — Registration District No. 441 — File No. 3
Township Lyon — Primary Registration District No. 5601 A — Registered No. 307
City Edina (No. ..... St. ..... Ward)

2. FULL NAME Catherine Sheridan
(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(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: Female
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: Peter Sheridan
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 29-1857
7. AGE: Years 77 — Months — Days 8 — If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Hanse Wife
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....
9. BIRTHPLACE (CITY OR TOWN): Mayo
(STATE OR COUNTRY): Ireland

PARENTS
10. NAME OF FATHER: John Omalia
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Mayo
(STATE OR COUNTRY): Ireland
12. MAIDEN NAME OF MOTHER: Mary Craven
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Ireland

14. INFORMANT: Mary E. Fieringer
(Address): Hurdland Mo.
15. FILED 9/10 1928 Geo S Brown, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 9/7 1928
17. I HEREBY CERTIFY, That I attended deceased from 6-2, 1926, to 9-7, 1928, that I last saw her alive on 9/6, 1928, and that death occurred, on the date stated above, at 5:20 A m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Enterocolitis
131
1209 (duration) ..... yrs. ..... mos. 5 ds.
CONTRIBUTORY (SECONDARY): Cardiovascular Vascular disease
(duration) 4 yrs. ..... mos. ..... ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 129 A
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) Geo S Brown, M. D
9/8, 1928 (Address) Edina 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: St Joseph Cemetery — DATE OF BURIAL: Sept 10 1928
20. UNDERTAKER: Kriegshauser Bros — ADDRESS: Edina, Mo.

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.