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

Do not use this space.

35123

1. PLACE OF DEATH

County..... Registration District No. 791 File No. 10105

Township..... Primary Registration District No. 1003 Registered No.

City..... (No. Saint Louis Baptist Hosp. St. ..... Ward)

2. FULL NAME Dennis Sheets

(a) Residence. No. Lincoln Center Kansas 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) About 1902

7. AGE: About 26 Years — Months — Days — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Telephone Exchange Mgr
(b) General nature of industry, business, or establishment in which employed (or employer): Telephone Business
(c) Name of employer: United Telephone Co

9. BIRTHPLACE (CITY OR TOWN) Sylva Grove
(STATE OR COUNTRY) Kansas

PARENTS

10. NAME OF FATHER: W. H. Sheets
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Pennsylvania
12. MAIDEN NAME OF MOTHER: Weber
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Iowa

14. INFORMANT: B. G. Hall
(Address) Lincoln Center Kansas

15. FILED OCT 15 1928, 19.. May C. Starwood
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) October 14 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct-10, 1928, to Oct 14, 1928, that I last saw him alive on Oct-14, 1928, and that death occurred, on the date stated above, at 5:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Peritonitis following
Acute Appendicitis
121A
179 (duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) Acute Gangrenous Appendicitis
(duration) yrs. mos. 5 ds.

1170

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH? S. Lani Mo

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Oct-17-1928

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Operation

(Signed) R. E. Owen, M. D

10/14, 1928 (Address) University Club 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: Lincoln Center Kansas
DATE OF BURIAL: 10-17 1928

20. UNDERTAKER: Peetz Brothers - 3029
ADDRESS: Lafayette Ave

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.