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

Do not use this space.

37018

File No. .....

Registered No. 4668

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kaw — Primary Registration District No. 1002

City Kansas City (No. 2937 Lockridge St. ..... Ward)

2. FULL NAME Mrs Helen Jane Sherlock

(a) Residence. No. 2937 Lockridge St., 11 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): widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Judge Eli James Sherlock deceased

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 6 - 1844

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
83	11	13	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work mother

(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) Simcoe Canada

PARENTS

10. NAME OF FATHER Sanford Moses Park

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) New York state

12. MAIDEN NAME OF MOTHER Sarah Mills

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) —

14. INFORMANT Walter G. Sherlock
(Address) 5837 Olive St

15. FILED 11/20, 1928 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH Monday

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 19 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1928, to Nov 19, 1928 that I last saw her alive on Nov 18, 1928, and that death occurred, on the date stated above, at 1 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Uremia

(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (SECONDARY) Cardio-renal-vascular

(duration) 5 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED? 1240

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) H. A. Breyfogle, M. D

11-19, 1928 (Address) 818 Medical Arts

*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: Mt Moriah — DATE OF BURIAL: Nov 21 1928

20. UNDERTAKER: Eylar Funeral Home — ADDRESS: 1800 Linwood

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

V. S. NO. 2. MARGIN RESERVED FOR BINDING

/c 44

[illegible] 11-13