

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

Do not use this space.

13517

1929

1. PLACE OF DEATH

County Shelby
 Township Black Creek
 City Thomas (No. Walter Sheetz)

Registration District No. 881
 Primary Registration District No. 6099

File No.
 Registered No. 6
 St. Ward

2. FULL NAME

Thomas Walter Sheetz

(a) Residence. No. St.
 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 Mary Sheetz

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 15 1836

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
92 - 24

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Retired farmer
 (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) Virginia

10. NAME OF FATHER Wm Sheetz

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) VA

12. MAIDEN NAME OF MOTHER Rebecca Vandiver

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

14. INFORMANT Mrs. J. M. Fuchs
 (Address) Shelbyville, Mo.

15. FILED March 29 1929 Wm L. Barber
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 11 - 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept 13, 1928, to Mar 11, 1929 that I last saw him alive on Mar 11, 1929, and that death occurred, on the date stated above, at 11:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arteriosclerosis
 (duration) ? yrs. mos. da.

CONTRIBUTORY (SECONDARY) Chronic Myocarditis
 (duration) ? yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED VA
 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) P. C. Archer, M. D.
3/12, 1929 (Address) Shelbyville, Mo.

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Old Ft Cemetery DATE OF BURIAL Mar 13 1929

20. UNDERTAKER J. W. Harrison ADDRESS Shelbyville Mo.

WRITE PLAINLY, WITH READING INK--THIS IS A VITAL RECORD. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

PARENTS

002
54
431

002
54
431