

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.

MAY 24 1929

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

Do not use this space.

14279

1. PLACE OF DEATH  
 County Dekalb Registration District No. 764  
 Township East Primary Registration District No. 5367  
 City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME JAMES SHERARD  
 (a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alvin C. Sherard

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 22 - 1886

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
72	4	27	

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) Dekalb Co Mo

PARENTS

10. NAME OF FATHER	<u>Jessie Sherard</u>
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)	<u>Adair</u>
12. MAIDEN NAME OF MOTHER	<u>Adeline Perry</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)	<u>Mo</u>

14. INFORMANT Ruth M. Orham  
 (Address) Lawson, Mo.

15. FILED Apr 20 1929 Mrs. Hester Hines  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-18-29 19

17. I HEREBY CERTIFY. That I attended deceased from Mar 17 1929 to April 17 1929  
 that I last saw him alive on April 17 1929, and that death occurred, on the date stated above, at 12/10 A. M.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
4 1/2 hrs Cephalic  
9211

(duration) \_\_\_\_\_ yrs \_\_\_\_\_ mos 1 ds.

CONTRIBUTORY (SECONDARY) Carcinoma of the Ovary (duration) 1 yrs \_\_\_\_\_ mos \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED? 4-4-29  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? NO DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? clinical  
 (Signed) L. A. Pichay M. D.  
 19 (Address) Fairport 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 road DATE OF BURIAL 4-19-29  
 ADDRESS \_\_\_\_\_

20. UNDERTAKER Ed Schamer Pattonburg Mo

12114

$$\begin{array}{r} 18 \\ \hline 27 \end{array}$$

$$\begin{array}{r} 1929 \\ 1836 \\ \hline 73 \end{array}$$