

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

Do not use this space.

22099

PLACE OF DEATH

County Monroe
Township Clay
City Clayton (No.)

Registration District No. 578
Primary Registration District No. 5782

File No.
Registered No.
St. Ward)

2. FULL NAME

John O'Hanavan Sherry

(a) Residence No. St. Ward.
(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 male 4. COLOR OR RACE white 5. WIDOWED (write the word)

5A. WIDOWED HUSBAND OF (OR) WIFE OF Mattie Curry Sherry

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8/17/1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or mins.
76 | 10 | 9 | =

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) Buffalo
(STATE OR COUNTRY) New York

10. NAME OF FATHER Phillip Sherry

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

12. MAIDEN NAME OF MOTHER Pantau

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

14. INFORMANT Mrs. Art Heitwieser
(Address) Holliday, Mo. R.R.

15. FILED June 29 1929 Gagan Conner REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6/24 1929

17. I HEREBY CERTIFY That I attended deceased from June 19 1929 to June 24 1929
that I last saw him alive on June 22 1929, and that death occurred, on the date stated above, at 8 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic myocarditis
930

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) AOB
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRIBUTED AOB
IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. Smith M. D.
, 19 (Address) Shelbina 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 Bethel Cemetery, Holliday DATE OF BURIAL 6/27 1929

20. UNDERTAKER Fred A. Thompson ADDRESS Madison 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.

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PARENTS

