83
FEB 26 1929

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

Do not use this space.

28602

1. PLACE OF DEATH
County [redacted] Platte
Township [redacted] Green
City ..... (No. ..... St. ..... Ward)

Registration District No. 692
Primary Registration District No. 59/918

File No. .....
Registered No. .....

2. FULL NAME Leonard G. Sherwood

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maude Sherwood

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 14th. 1873

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
56	4	9	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer) Carpentering
(c) Name of employer Self

9. BIRTHPLACE (CITY OR TOWN) King City.
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER William Sherwood
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Katherine Gray
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Missouri

14. INFORMANT Maude Sherwood
(Address) Dearborn Mo

15. FILED Aug 24, 1929 M. H. Moore REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 23rd. 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1929, to Aug 22, 1929 that I last saw him alive on Aug 22, 1929, and that death occurred, on the date stated above, at 3:45 P. M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Death was caused by an acute attack of myocarditis
93A (duration) X yrs. X mos. 1/24 ds.

CONTRIBUTORY (SECONDARY) Dont Know
(duration) X yrs. X mos. X ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH At home
DID AN OPERATION PRECEDE DEATH? No DATE OF None
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Neural Test
(Signed) Dr E. D. Holme M. D.
Aug 23, 1929 (Address) 235-39 Bartlett Bldg St Joseph 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	DATE OF BURIAL
Crawfordville Iowa.	Aug. 26th. 1929

20. UNDERTAKER	ADDRESS
Lucian Davis	Dearborn, 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.