

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

Do not use this space.

34780

1. PLACE OF DEATH

County Randolph
Township Moberly
City Moberly

Registration District No. 735
Primary Registration District No. 3034

File No. _____
Registered At 205
Word _____

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode) Cairo Township
(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 Female 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 May McKinney

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 18 1872

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
57 3 16

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Mo
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER P. R. Sherwood

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

12. MAIDEN NAME OF MOTHER Elizabeth Beasley

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

14. INFORMANT L. H. McKinney
(Address) R. F. R. Cairo, Mo

15. FILED 10/21/1929 Dr. Thos. S. Fleming
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 17 1929

17. I HEREBY CERTIFY That I attended deceased from Oct 12 1929 to Oct 17 1929
that I last saw her alive on Oct 12 1929, and that death occurred, on the date stated above, at P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

chronic interstitial nephritis

18. WHERE WAS DISEASE CONTRACTED 121
IF NOT AT PLACE OF DEATH unknown
DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no
CONTRIBUTORY (SECONDARY) unknown
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 121
IF NOT AT PLACE OF DEATH no

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS _____
(Signed) J. F. McCormick, M. D.
10-19-29 (Address) Moberly 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 Liberty, East of Cairo DATE OF BURIAL 10-19 1929

20. UNDERTAKER Murphy and Son ADDRESS Moberly 7350

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.

