

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

Do not use this space.

36068

1. PLACE OF DEATH

County Jackson
Township Now
City Kansas City (No. 1000)

Registration District No. 399
Primary Registration District No. 1000
Mercy Hospital

File No. _____
Registered No. 4469
St. _____ Ward _____

2. FULL NAME

Hiram Henry Sherraw
(a) Residence. No. 3325 Dunham Ave. St. K. O. W. D. 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. 11 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-3 1930

17. I HEREBY CERTIFY, That I attended deceased from 10-26, 1930 to 11-3, 1930
that I last saw him alive on 11-3 1930 and that death occurred, on the date stated above, at 10-30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bilateral Otitis Media
11/4/30
39/4
(duration) yrs. 1 mos. 21 ds.

CONTRIBUTORY (SECONDARY) Enteritis, secondary to
otitis
(duration) yrs. 1 mos. + ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Home
DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Chemical + Physical +
serology
(Signed) Sidney T. Kuhn M. D.
Nov. 3, 1930 (Address) Mercy Hospital

*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 Cemetery DATE OF BURIAL Nov. 5 1930

20. UNDERTAKER Martan + Co. ADDRESS M. K. C.

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7-21-30

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
3 12

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

9. BIRTHPLACE (CITY OR TOWN) North Kansas City (STATE OR COUNTRY)

10. NAME OF FATHER Hiram Sherraw

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

12. MAIDEN NAME OF MOTHER Essie M. Jones

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

14. INFORMANT Hiram Sherraw (Address) 3325 Dunham

15. FILED 11/4 1930 M. M. Crow REGISTRAR
Assr

COPY OF DEATH IN MAIN RELAYS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

