

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

Do not use this space.

38668

1. PLACE OF DEATH  
 County Buchanan Registration District No. 86  
 Township Buchanan Primary Registration District No. 5127  
 City St. Joseph, Mo. (No. Route # 4) St.        (Ward)       

2. FULL NAME Rosella Sherman  
 (a) Residence. No. Route # 4 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 19, 1936

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>74</u>	<u>6</u>	<u>10</u>	

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

9. BIRTHPLACE (CITY OR TOWN) Rosendale,  
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Isaac Leslie

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Beilie Sherman  
 (Address) St. Joseph, Mo.

15. Beilie Sherman 1936 J. P. Bauser  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 19, 1936

17. I HEREBY CERTIFY, That I attended deceased from VIEWED on       , 1936, to       , 1936, that I last saw h.        alive on       , 1936, and that death occurred, on the date stated above, at 12:30 P. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Mitral Insufficiency  
9/2 P.

18. WHERE WAS DISEASE CONTRACTED? Home (duration) 2 yrs.        mos.        ds.

CONTRIBUTORY (SECONDARY) none (duration)        yrs.        mos.        ds.

18. WHERE WAS DISEASE CONTRACTED? Home  
 IF NOT AT PLACE OF DEATH:       

0 DID AN OPERATION PRECEDE DEATH? No DATE OF       

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS History  
Dr. P. M. C. Roberts (Sign)        M. D.  
3/30 1936 address 625 Francis

\*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 Eden Cemetery DATE OF BURIAL Dec 22, 1936

20. UNDERTAKER Eden Funeral Home ADDRESS 1946 Calhoun

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.

64W 19 1936

