

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.

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

Do not use this space.

27374

1. PLACE OF DEATH

County North
Township West Union
City Sheridan (No.)

Registration District No. 904
Primary Registration District No. 4546

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence. No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 12, 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 81 8 29

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Warren Co., Ill.
(STATE OR COUNTRY)

10. NAME OF FATHER A. J. Streeter

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

12. MAIDEN NAME OF MOTHER Boon

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

14. INFORMANT Phoebe S. Streeter
(Address) Sheridan Mo.

15. FILED 7-12-1931 Laura Johnson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 11 1931

17. I HEREBY CERTIFY, That I attended deceased from July 5th 1931 to July 11 1931
that I last saw him alive on July 11 1931, and that death occurred, on the date stated above, at 11:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Paralysis
82 hr
82 hr (duration) yrs. mos. 10 hrs

CONTRIBUTORY (SECONDARY)

Cerebral Hemorrhage (duration) yrs. mos. few hrs

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH,

19. DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? symptoms

(Signed) A. C. Lohr, M. D.

. 19 (Address) Sheridan 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

Sheridan Cem. DATE OF BURIAL 7/13/1931

20. UNDERTAKER

Arch C. Dwyer ADDRESS Front City

