

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

Do not use this space.

27994

1. PLACE OF DEATH

County Jefferson
Township Cooper
City Co (No. _____) St. _____ Ward _____

Registration District No. 314
Primary Registration District No. 5429B

File No. _____
Registered No. 16

2. FULL NAME Edith Louise Sherry

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

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 4, 1912

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>19</u>	<u>7</u>	<u>18</u>		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gulfport MD

13. NAME J. Loal Lewis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gulfport MD

15. MAIDEN NAME Anna Peterson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clyde MD

17. INFORMANT J. Loal Lewis (ADDRESS) Cooper, Jefferson

18. BURIAL, CREMATION, OR REMOVAL PLACE Shelby DATE Aug 23, 31

19. UNDERTAKER W. J. Phillips (ADDRESS) Shelby

20. FILED 8/22, 19 31 Registrar [Signature]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 22, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 21, 1931, to Aug 22, 1931. I last saw him alive on Aug 22, 1931. Death is said to have occurred on the date stated above, at 3:05 p.m.. The principal cause of death and related causes of importance were as follows:

Spurious Epidemic Date of onset

643/46

Other contributory causes of importance: Green's

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) [Signature], M. D.
(Address) Shelby Mo

N. B.—Every item of information should be carefully checked. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. SEP 22 1931

Dr. S. S. Hampton.