

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

Do not use this space.

D. Sherman
34210
734
St. _____ Ward _____

1. PLACE OF DEATH

County *Franklin* Registration District No. *318*
Township *Compbell* Primary Registration District No. *54401*
City *Springfield* Precinct No. *3*

2. FULL NAME

(a) Residence, *Brookline Mo.* 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

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 13 1898*

7. AGE YEARS *33* MONTHS *4* DAYS *20* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Turner*
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) *New York*

13. NAME *Wm. Shufflet*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *New York*

15. MAIDEN NAME *Curry*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *New York*

17. INFORMANT (ADDRESS) *Joe Shufflet*

18. BURIAL, CREMATION, OR REMOVAL PLACE *East Hill* DATE *Oct 12* 19*31*

19. UNDERTAKER (ADDRESS) *H. H. Sherman*

20. FILED *10-12* 19*31* *Wm. Sharp* Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 9* 19*31*

22. I HEREBY CERTIFY, That I attended deceased from *Oct 20* 19*31*, to *Oct 9* 19*31*. Last saw him alive on *Oct 6* 19*31*. Death is said to have occurred on the date stated above, at *3:30* m.

The principal cause of death and related causes of importance were as follows:

Senility
Date of onset _____
Other contributory causes of importance: *Arteriosclerosis*

Name of operation *No* Date of _____
What test confirmed diagnosis? *General*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19*31*

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) *D. U. Sherman* M. D.
(Address) *Springfield Mo*

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.

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