

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

Do not use this space.

40163

1. PLACE OF DEATH

County Buchanan
Township Jackson
City Jackson (No. _____)

Registration District No. 832
Primary Registration District No. 5118

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

2. FULL NAME

Martha Ann Sherwood

(a) Residence, No. _____ 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar-15-1853

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>78</u>	<u>8</u>	<u>21</u>	

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

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) Buchanan Co (STATE OR COUNTRY) Missouri

MOTHER FATHER 13. NAME George W. Freeman

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

MOTHER 15. MAIDEN NAME Elizabeth Estes

16. BIRTHPLACE (CITY OR TOWN) Clay Co. (STATE OR COUNTRY) Missouri

17. INFORMANT Joseph W. Sherwood (ADDRESS) Dearbon Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Dearbon Mo. DATE Dec 8 - 1931

19. UNDERTAKER Lucian Davis (ADDRESS) Dearbon Mo.

20. FILED 127 19 31 W. H. Hull Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 6th 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1931, to Dec 6, 1931

I last saw her alive on Dec 6, 1931. Death is said to have occurred on the date stated above, at 12:30 a.m.

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

Hemiplegia
Cerebral thrombosis
Stroke
1931

Date of onset Dec 6 1931

Other contributory causes of importance: Age and high blood pressure

Systolic 240 Diast. 64

Name of operation _____ Date of _____

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury No, 19No

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) W. H. Hull, M. D.
(Address) Dearbon 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.

JAN 10 1932

