

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

Do not use this space.

**1. PLACE OF DEATH**

32 County De Kalb  
Township Grand River  
City (No. \_\_\_\_\_)

Registration District No. 260  
Primary Registration District No. 5363

File No. 4211  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(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 male  
4. COLOR OR RACE white  
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*) married  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 14 1843  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
88      3      19  
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) Salmon  
(STATE OR COUNTRY) Ohio

10. NAME OF FATHER David John Sheers  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany  
(STATE OR COUNTRY) 16  
12. MAIDEN NAME OF MOTHER Eva Catherine Weil  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany  
(STATE OR COUNTRY)

14. INFORMANT Charles Sheers  
(Address) Cameron Mo

15. FILED 2-4 1932 Winifred W. Moser  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 3 1932  
17. HEREBY CERTIFY, That I attended deceased from Jan 3, 1932 to Feb 3, 1932  
that I last saw him alive on Feb 3, 1932 at 8.45 p.m. and that death occurred, on the date stated above at \_\_\_\_\_ m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Cerebral Hemorrhage  
apoplexy  
8.45 (duration) yrs. mos. ds.  
CONTRIBUTORY (SECONDARY) None  
(duration) yrs. mos. ds.  
18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
IF NOT AT PLACE OF DEATH \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH? NO DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? no \_\_\_\_\_  
WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_  
(Signed) J. A. Fraudstein, M. D.

\*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 Memorial Park, St Joseph  
DATE OF BURIAL Mo 2/5 1932  
20. UNDERTAKER J W Polard  
ADDRESS Cameron

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MAR 22 1932

