WHITE PAPER ONLY, 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.

MAY 28 1932

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

Do not use this space.
11912

1. PLACE OF DEATH
County: Cedar
Township: Rox
City: ..... (No. ....., ... St. ..... Ward)
Registration District No. 163
Primary Registration District No. 5228
File No. .....
Registered No. 31

2. FULL NAME: Margaret E Sherman
(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: H. G. Sherman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 21 1861
7. AGE: Years 70 Months 4 Days 10 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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): Mo 1

FATHER
13. NAME: James M Preston
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn 2

MOTHER
15. MAIDEN NAME: Tennetta Williams
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo 1

17. INFORMANT: H. G. Sherman
(ADDRESS) El Dorado Springs Mo. R.4
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Hegel Bell Cem DATE: 4/22 1932
19. UNDERTAKER: Quinn-Sides
(ADDRESS) El Dorado Springs Mo.
20. FILED 4-22- 1932 J. W. Dawson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 20 1932.
22. I HEREBY CERTIFY, That I attended deceased from April 20, 1932 to April 20, 1932
I last saw her alive on April 20, 1932 Death is said to have occurred on the date stated above, at 9 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease.	
Other contributory causes of importance: None	

Name of operation: None 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) J. O. Williams, M. D.
(Address) El Dorado Springs, Mo