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

Do not use this space.

12731

1. PLACE OF DEATH
County JACKSON Registration District No. 399 File No.
Township KAW Primary Registration District No. 1002 Registered No. 1572
City KANSAS CITY (No. 1709, EAST 9TH St. Ward)

2. FULL NAME CHRISTIAN LEONARD SHEETS
(a) Residence, No. 1709-E.-9TH St., 2 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 23 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
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ MRS. ANNA SHEETS
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY-6-1875
7. AGE: Years 56 Months 9 Days 14 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. TAILOR 92
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) DEFIANCE (STATE OR COUNTRY) OHIO

FATHER
13. NAME WILLIAM SHEETS
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OHIO

MOTHER
15. MAIDEN NAME TRESA Unk
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT MRS. ANNA SHEETS (ADDRESS) 1709 EAST 9TH ST.
18. BURIAL, CREMATION, OR REMOVAL PLACE MT. ST. MARYS DATE APRIL-23, 1932
19. UNDERTAKER D. W. NEWCOMERS SONS (ADDRESS) 211 EAST 9TH ST.
20. FILED 4-21-32 1932 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) APRIL 20, 1932
22. I HEREBY CERTIFY, That I attended deceased from April 4, 1932 to Apr. 20, 1932
I last saw h. alive on Apr. 19, 1932 Death is said to have occurred on the date stated above, at 3:15 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
CHS	
Bowel	
93D	

Other contributory causes of importance:
Hiatus Hernia & Acute Regurgitation - Lung Infarct
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?
If so, specify
(Signed) , M. D.
(Address)

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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