

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

Do not use this space.

16412

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Randolph Primary Registration District No. 2002
 City Randolph (No. Gen. Hosp. # 2) St. _____ Ward _____

2. FULL NAME

Sherwood, Edward
 (a) Residence, No. 1326 Independence St. Ward 1
 (Usual place of abode)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE C 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4/29/80

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 0 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. musician
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 209
 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) Pepper 2

13. NAME Sherwood Jordan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Jones Pauline

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Record Clerk Gen. Hosp. # 2

18. BURIAL, CREMATION OR REMOVAL PLACE Blue Ridge DATE 6/6 32

19. UNDERTAKER (ADDRESS) West. App. Mort. Co. 606 E. 19th St.

20. FILED June 6 1932 M. M. Carrow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/25/32

22. I HEREBY CERTIFY, That I attended deceased from 5/24/32 to 5/25/32, 1932
 I last saw him alive on 5/25/32 Death is said to have occurred on the date stated above, at 11:35 am
 The principal cause of death and related causes of importance were as follows:

Robert Pneumonia Date of onset _____

108 6:30 / 108

Other contributory causes of importance:

Toxemia 1

Name of operation _____ Date of _____
 What test confirmed diagnosis Lab. Clinical there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 1932
 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) D. M. Miller, M. D.
 (Address) Gen. Hosp. # 2

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.

