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.

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

Do not use this space.

30192

1. PLACE OF DEATH

94 County St. Francois — Registration District No. 773 — File No.

Township St. Francois — Primary Registration District No. 6018A — Registered No. 107

Near City Farmington, Mo. (No. ..... , ... St. ..... Ward)

2. FULL NAME Rose Sheridan

(a) Residence, No. Webster Groves, Mo. St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 5, 1902

7. AGE: 29 YEARS — MONTHS: 11 — DAYS: 25 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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): St. Louis Missouri

FATHER
13. NAME: Thomas J. Sheridan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Missouri

MOTHER
15. MAIDEN NAME: Mary Cusick
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Missouri

17. INFORMANT (ADDRESS): Hospital Records Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. St. Louis DATE 10-1 1932

19. UNDERTAKER (ADDRESS): Arthur J. Donnelly 3846 Kindell

20. FILED Oct 1, 1932 B. J. Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from October 25, 1927, to Sept. [illegible], 1932

I last saw her alive on Sept. 30, 1932. Death is said to have occurred on the date stated above, at 10:35 a.m.

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

Pneumonia (Lobar) — Date of onset 9-26-32

108

84 108

Other contributory causes of importance:

Dementia Praecox Psychosis

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) E. F. Hoctor, M. D.

(Address) Farmington, Mo.