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

Do not use this space.

34838

File No.
Registered No. 1113

85

Registration District No.
Primary Registration District No. 1001

1. PLACE OF DEATH
County Buchanan
Township
City St. Joseph (No. 2818 Fredrick Blvd. St. Ward)

2. FULL NAME Anna C. Sheridan
(a) Residence, No. 2818 Fredrick Blvd. 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 Phillip P. Sheridan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 5, 1890

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
42	9	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St Joseph (STATE OR COUNTRY) Missouri

FATHER
13. NAME John N. Willman
14. BIRTHPLACE (CITY OR TOWN) Rochester (STATE OR COUNTRY) New York

MOTHER
15. MAIDEN NAME Mary Eli zabeth Lillis
16. BIRTHPLACE (CITY OR TOWN) St Louis (STATE OR COUNTRY) Missouri

17. INFORMANT Phillip P. Sheridan
(ADDRESS) 2818 Fredrick Blvd. St Joseph Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Mt Olivet Cemetery
PLACE St Joseph Mo. DATE Nov. 18 19 32

19. UNDERTAKER H. P. Sedenfaden
(ADDRESS) 1802 Union st St Joseph Mo.

20. FILED 11-17-32 19 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 16, 19 32

22. I HEREBY CERTIFY, That I attended deceased from May 32, 19, to Nov 16, 19 32
I last saw h alive on Nov 16 19 32 Death is said to have occurred on the date stated above, at 9 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Brain	months
5 yr	
5 yr	

Other contributory causes of importance: none

Name of operation Decompression Date of Oct 17 32
What test confirmed diagnosis? Microscopic Was 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, 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) John J. Byrne, M. D.
(Address) St Joseph Mo

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.

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