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.

34940

File No.
Registered No. 209

JAN 7 1933

1. PLACE OF DEATH
County Calloway
Township 14 2
City Fulton (No. St. Ward)
Registration District No. 104
Primary Registration District No. 3008

2. FULL NAME Joseph Albert Sheets

(a) Residence, No. St., Ward. Millersburg Mo.
(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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 8, 1869

7. AGE: Years 63 | Months 3 | Days 27 | If LESS than 1 day, hrs. or min.

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

FATHER
13. NAME: W. C. Sheets
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

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

17. INFORMANT (ADDRESS): Mrs Robt. Wilfley Fulton, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Millersburg, Mo. DATE Nov 6, 1932

19. UNDERTAKER (ADDRESS): Loos & Hall Fulton Mo.

20. FILED Nov 5, 1932 R. N. Crews
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from 10/27/32 to 11/5th, 1932, 19..
I last saw him alive on 11/5/32, 19.. Death is said to have occurred on the date stated above, at 1:30 p.m.
The principal cause of death and related causes of importance were as follows:

Internal hemorrhage, (colon) following ulceration of Colon decending.

Date of onset: Oct 27 1932

1201
1230
1210

Other contributory causes of importance:
Anemia Secondary. ulceration period indeffinite.

Name of operation: Date of:
What test confirmed diagnosis? P.E. 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) Greene D. McAfee, M. D.
(Address) Fulton Mo.

V. S. M