

MAR 6 1933

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

V-S. NO. 2

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.

4480

1. PLACE OF DEATH

County German
Township Washington
City New Adair (No. _____ St. _____ Ward _____)

Registration District No. 875
Primary Registration District No. 3039

File No. _____
Registered No. 2

2. FULL NAME

Andrew B. Sheen
(a) Residence No. R. 1 #1 St. _____ Ward. R. F. O. #1
(Usual place of abode)

R. F. O. #1
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>74</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 18 1852</u>		
7. AGE <u>80</u>	YEARS <u>80</u>	MONTHS <u>6</u>
	DAYS <u>17</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Gen farmer.</u>		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) <u>7-1-33</u>		11. Total time (years) spent in this occupation. <u>all life</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Early County, Ill

13. NAME Peter Sheen

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

15. MAIDEN NAME Mary Robinson

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

17. INFORMANT Albert Sheen
(ADDRESS) Brookfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Brookfield Mo. DATE 1-6-33

19. UNDERTAKER John E. Myers
(ADDRESS) _____

20. FILED 1-12 1933 C. P. King
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 4 1933

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h..... alive on....., 1933.. Death is said to have occurred on the date stated above, at 8:45 a.m.

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

Killed instantly in Automobile Collision on Highway # 71 and East Union St in Nevada Mo 210M
Other contributory causes of importance: Shroat Cut

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: Accident Date of injury July 4, 1933

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) Lauck B. Terry Corcoran, M. D.
(Address) Nevada Mo

