

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

Do not use this space.

6041

1. PLACE OF DEATH

County Jackson Registration District No. 389
 Township 1st Primary Registration District No. 1002
 City R. C. Gro (No. 1408) Wpkene

File No. _____
 Registered No. 1001 St. _____ Ward _____

2. FULL NAME

Melvin E. Sheridan
 (a) Residence, No. 1408 Wpkene 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 <u>Fe</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF <u>James L. Sheridan</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 3 - 1850</u>		
7. AGE <u>83</u>	YEARS <u>0</u>	MONTHS <u>24</u>
DAYS <u>24</u>		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</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) _____	
11. Total time (years) spent in this occupation _____		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 27 1933

22. I HEREBY CERTIFY That I attended deceased from Feb 23, 1933 to Feb 27, 1933
 I last saw him alive on Feb 27, 1933 Death is said to have occurred on the date stated above, at 11 P.M.
 The principal cause of death and related causes of importance were as follows:

Myocardial insufficiency
12th St
1100 1/2 St
1100 1/2 St
 Other contributory causes of importance
Acute Gastritis
 Date of onset 1932
Feb 22 1933

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>
	13. NAME <u>Henry Adkins</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>VA</u>
	15. MAIDEN NAME <u>Jacobson</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>
17. INFORMANT (ADDRESS) <u>Mr James L. Sheridan</u> <u>1408 Wpkene</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wpkene</u> DATE <u>March</u> 19 <u>33</u>	
19. UNDERTAKER (ADDRESS) <u>Rose + Henderson</u> <u>R. C. Gro</u>	
20. FILED <u>728</u> 19 <u>33</u> <u>M. M. Cerone</u> Registrar.	

Name of operation none Date of _____
 What test confirmed diagnosis? obstruction Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No 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) W. Hallahan M. P.
 (Address) 6900 Washington Blvd
Kansas City, 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 PLAIN, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Mr Collaghan

5111 4th Ave