

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

Do not use this space.

27150

1. PLACE OF DEATH
 73 County Newton Registration District No. 609
 3 Township Neosho Primary Registration District No. 4363
 4 City Neosho (No. 345) J. Jefferson St. _____ Ward _____
 2. FULL NAME Russell McDaniel Sherman
 (a) Residence, No. _____ St. _____ Ward _____
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Helen Sherman
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 4 1878
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
55 7 6
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, machinist, sawyer, bookkeeper, etc. Machinist
 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) Neosho Missouri
 FATHER 13. NAME W. H. Sherman
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
 MOTHER 15. MAIDEN NAME Awilda Skelly
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
 17. INFORMANT Mrs Helen Sherman (ADDRESS) Neosho Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE 7007 Center DATE Aug 13 1933
 19. UNDERTAKER Burhan's (ADDRESS) Neosho Mo
 20. FILED _____, 19 _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10 1933
 22. I HEREBY CERTIFY, That I attended deceased from July 10, 1933 to Aug 10 1933
 last saw him alive on Aug 10 1933 Death is said to have occurred on the date stated above, at 9:20 p.m.
 The principal cause of death and related causes of importance were as follows:
Sarcoidosis of pulmonary
Chronic Bronchitis
Colitis
Anaemia
 Other contributory causes of importance:
 Name of operation _____ 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) M. S. McCallough M. D.
 (Address) Neosho 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.

SEP 26 1933

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