

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.

1. PLACE OF DEATH
 County De Kalb Co Ambulance Registration District No. 264
 Township Swnt Primary Registration District No. 5367
 City _____ (No. _____) St. _____ Ward _____

File No. 29210
 Registered No. _____

2. FULL NAME Emory H Sherard
 (a) Residence, No. _____ 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 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 Lee Sherard
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 26 1889
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
44 7 16 - 00

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
 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) De Kalb Co Mo.

MOTHER
 13. NAME Delana Sherard

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

15. MAIDEN NAME Margaret Clark

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

17. INFORMANT (ADDRESS) Mrs Arthur Pittenbarger
Marionville Mo 7/19

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Fairport DATE 9-16-33 19.

19. UNDERTAKER (ADDRESS) Ed Stoner
Fultonburg Mo.

20. FILED Sept 15 1933 Mrs. Lesler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 12 1933

22. I HEREBY CERTIFY, That I attended deceased from 3 P.M. Sept. 12, 1933 to 5.30 P.M. Sept 12 1933
 I last saw him alive on Sept. 12 1933 Death is said to have occurred on the date stated above, at 5.30 P.M.

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

Fractured skull in Occipital region. Left chest badly crushed.
2:15 P.M.
2:17 P.M.

Other contributory causes of importance:

Foot caught by rope and dragged by horse.

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? accident Date of injury Sept 12 1933

Where did injury occur? De Kalb Co Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury On farm accidental

Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) J. H. Fisher M. D.

(Address) Marionville, Mo.

