

FEB 27 1934

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township Beaumont
City Beaumont (No. St. Ward)

Registration District No. 498
Primary Registration District No. 4301

File No. 1807
Registered No.

2. FULL NAME

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 11, 1934

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas Sherry

22. I HEREBY CERTIFY, That I attended deceased from Jan 11, 1934, to Jan 12, 1934
I last saw h. or alive on Jan 10, 1934 Death is said to have occurred on the date stated above, at 3:00 p.m.
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 5 - 18/40
7. AGE: YEARS 93 MONTHS 6 DAYS 6 If LESS than 1 day, hrs. or min.

Seriously
Chr. Intestinal Infection (?)
Date of onset

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic
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

Other contributory causes of importance
13
Name of operation Cholecystectomy Date of Jan 11, 1934
What test confirmed diagnosis? Chole Was there an autopsy?

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury

MOTHER 13. NAME Thomas Sherry

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

15. MAIDEN NAME McBride

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

17. INFORMANT Jan Sherry (ADDRESS) Beaumont Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Burial Mo DATE Jan 13, 1934

19. UNDERTAKER M. L. DeWagner (ADDRESS) Beaumont Mo

20. FILED 13, 19 34 J. L. Cantwell Registrar

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury

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 M. L. DeWagner (Signed) M. D. (Address) Beaumont Mo.

Mr. Dickinson
Massachusetts