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.

FEB 27 1934

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

Do not use this space.

2421

File No. 6

Registered No. 788

1. PLACE OF DEATH

County St. Louis — Registration District No. 788

Township ~~Central~~ — Primary Registration District No. 4471

City Webster Groves (No. 864 Providence Avenue St. ------ Ward)

2. FULL NAME Elizabeth Way Sherman

(a) Residence, No. 864 Providence Avenue St., ------ Ward. Burlington, Iowa
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 14 ds. How long in U. S., if of foreign birth? --- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF widowed wife Dr. Albert William Sherman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 3, 1868

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
65	5	4	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. --- at home ---

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) Bennettsburg, New York

FATHER

13. NAME Charles Nicholson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ---------- New York State

MOTHER

15. MAIDEN NAME Fanny S. Cady

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ---------- New York State

17. INFORMANT (ADDRESS) Deloss C. Nichilson (nephew) 864 Providence Webster Groves Mo.

18. BURIAL, ~~REMOVAL, CREMATION~~ Protestant Cemetery (ADDRESS) Dekalb Co. Sandwich, Illinois Jan 11, 34

19. UNDERTAKER (ADDRESS) Allen W. McLaughlin 23 W. Lockwood, Webster Groves Mo.

20. FILED 1-10, 1934 Jules R. York Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-7, 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-7, 1934, to 1-7, 1934. I last saw h.. alive on 1-7, 1934. Death is said to have occurred on the date stated above, at 2 A.m.

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

	Date of onset
Cerebral hemorrhage	1-7-34

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

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? None

If so, specify .....

(Signed) Carl G. Drysdale, M. D.

(Address) Webster Groves, Mo.

r ae 1695 Encl