

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.

MAY 25 1934

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

Do not use this space.

13414
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1. PLACE OF DEATH

County Linn Registration District No. 461
Township Lynn Primary Registration District No. 3824
City Lynn (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

(a) Residence, No. 1909 Main 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>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF HUSBAND OF <u>Daniel M. Sherman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 8-1853</u>		
7. AGE	YEARS <u>80</u>	MONTHS <u>9</u>
	DAY <u>9</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. <u>at home</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>-</u>	
	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) <u>Bedford, Pa</u>		
FATHER	13. NAME <u>Geo. W. Lee</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pa</u>	
MOTHER	15. MAIDEN NAME <u>Katherine West</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pa</u>	
17. INFORMANT (ADDRESS) <u>D. Warren Sherman</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lynn</u> DATE <u>April 19 1934</u>		
19. UNDERTAKER (ADDRESS) <u>Edmund Hegert 710</u>		
20. FILES <u>April 18 1934 Fayr Buel Bates</u> Registrar		

V MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 17 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr 13 1934, to Apr 17 1934. I last saw h. alive on Apr 13 1934. Death is said to have occurred on the date stated above, at 8 P m.
The principal cause of death and related causes of importance were as follows:
Senile Dementia
Date of onset _____

Other contributory causes of importance:
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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?
If so, specify _____
(Signed) J. H. Redwood, M. D.
(Address) 112 Main

