

JUN 19 1934

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. **791**
Primary Registration District No. **1003**

File No. **18836**
Registered No. **5348**
St. Ward)

2. FULL NAME

St Louis
William M. McCherry (No. *Baylor Hospital*)

(a) Residence, No. *5540 Pershing* St., *12* 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 **Melona McCherry**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Mar 10 1857**

7. AGE YEARS **77** MONTHS **2** DAYS **18** If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Merchandise Broker**
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) **Penna**

FATHER 13. NAME **Jno R McCherry**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Penna**

MOTHER 15. MAIDEN NAME **Amanda Blackstone**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Penna**

17. INFORMANT **Mrs W M McCherry** (ADDRESS) **5540 Pershing**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Bellefontaine** DATE **5/29** 1934

19. UNDERTAKER **A. Ellis** (ADDRESS) **5240 Delmar**

20. FILED **29** 1934 **J. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 28** 1934

22. I HEREBY CERTIFY, That I attended deceased from **May** 1934, to **May 27** 1934

I last saw h. *alive* on **May 27** 1934. Death is said to have occurred on the date stated above, at **8 AM**.

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

Corbreal arteriosclerosis Jan/23
Myocarditis, Chr. Nov/23

Other contributory causes of importance:

Name of operation **AS** 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

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) **W. G. Gorman**, M. D.

(Address) **5249 Raymond**

