

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.

LEB 8 1934

1. PLACE OF DEATH

County Demasot
Township Steele
City Steele (No. _____) St. _____ Ward _____

Registration District No. 655
Primary Registration District No. 439V

File No. 25814-B
Registered No. _____

2. FULL NAME

Martha Elizabeth Sherrill

(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 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED Married
HUSBAND OF R. H. Sherrill
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 11 - 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 1 21

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.

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) Steele, Ky.

13. NAME J. B. New

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsile, Ky.

15. MAIDEN NAME Angeline Gibbs

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ky.

17. INFORMANT (ADDRESS) Mrs. Alma Glesson

18. BURIAL, CREMATION, OR REMOVAL PLACE Steele, Mo. DATE _____ 19__

19. UNDERTAKER (ADDRESS) German Undert Co Steele Mo.

20. FILED 8/1 1934 Max P. Kelly Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2 1934

22. I HEREBY CERTIFY, That I attended deceased from June 21 - 1934, to July 1, 1934. I last saw him alive on July 1, 1934. Death is said to have occurred on the date stated above, at 9:10 A.M.

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

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

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) D. E. Cooper, M. D.

(Address) Steele, Mo.

