

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

Do not use this space.

35634

**1. PLACE OF DEATH**

County DeKalb Registration District No. 259  
 Township Garden Primary Registration District No. 4158  
 City ... (No. ...) St. ... Ward ...

File No. 35634  
 Registered No. ...  
 St. ... Ward ...

**2. FULL NAME** Mary A. Sherard

(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 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 HUSBAND OF (OR) WIFE OF William Sherard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 18th 1844

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
89 10 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home  
 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) Clinton Co. Mo

13. NAME Leander Perry

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

15. MAIDEN NAME Sallie Jones

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

17. INFORMANT Odie Moorman (ADDRESS) Maysville Mo

18. BURIAL, CREMATION, OR REMOVAL Oak Lawn Maysville DATE 10/21-34

19. UNDERTAKER U. G. Pilcher (ADDRESS) Maysville Mo

20. FILED Nov 7 - 1934 Nattie Gibson Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 18 1934

22. I HEREBY CERTIFY, That I attended deceased from June 20 1925, to October 18 1934  
 I last saw her alive on October 18 1934 Death is said to have occurred on the date stated above, at 10:30 P. M.  
 The principal cause of death and related causes of importance were as follows:

Myocarditis  
Influenza with resulting bronchitis  
 Date of onset 6/20/34

Name of operation ----- Date of -----  
 What test confirmed diagnosis? --- 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? No  
 If so, specify -----  
 (Signed) Handwritten Signature, M. D.  
 (Address) Maysville, Mo

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.

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