

NOV 9 1934

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

Do not use this space.

1. PLACE OF DEATH

County Jasper Registration District No. 408 File No. 36370
Township Madison Primary Registration District No. 3564 Registered No. _____
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Ruth Sherrell
(a) Residence, No. Carthage, #7 St. _____ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 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 <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 17, 1933</u>		
7. AGE	YEARS <u>1</u>	MONTHS <u>8</u>
	DAYS <u>26</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Child</u>	11. Total time (years) spent in this occupation
	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)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Carthage Missouri</u>		
FATHER	13. NAME <u>Ed Sherrell</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Keokuk Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Adda Maria</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Carthage Missouri</u>	
17. INFORMANT <u>Ed Sherrell</u> (ADDRESS) <u>Keokuk 7-6 Carthage, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cash Cemetery</u> DATE <u>Oct 7 1934</u>		
19. UNDERTAKER <u>Kneel M. Estey</u> (ADDRESS) <u>Carthage, Mo.</u>		
20. FILED <u>Oct. 6 1934</u> <u>E. B. Clinton</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 4 1934

2. I HEREBY CERTIFY, That I attended deceased from Oct 5 1934 to Oct 5 1934
I last saw her alive on Oct 5 1934 Death is said to have occurred on the date stated above, at 4:30 a.m. m.
The principal cause of death and related causes of importance were as follows:
Deceased
Accidental
Jumped from home
through the home
Other contributory causes of importance:
183
64

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? Accident Date of injury Oct 4 1934
Where did injury occur? Home Carthage, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
at home
Manner of injury Fell into Watering Trough
Nature of injury Accidental Drowning

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) W. J. Brown M.D.
(Address) Carthage

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

