

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

Do not use this space.

37208

NOV 22 1934

1. PLACE OF DEATH
 County St. Louis Co. Registration District No. 785
 Township Bonhomme Primary Registration District No. 6031
 City Manchester Nursing Home (No. St. Ward)

2. FULL NAME Sherman Sheridan Smith
 (a) Residence, No. 6401 Spencer Pl. 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

MEDICAL CERTIFICATE OF DEATH

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 Olive D. Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 13 - 1865

7. AGE YEARS 69 MONTHS 9 DAYS 7 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Care Taker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Truck Farm

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) Fulton Co. Ill

13. NAME Issac Smith

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

15. MAIDEN NAME Caroline Atwater

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

17. INFORMANT Olive D. Smith
 (ADDRESS) 6401 Spencer Place

18. BURIAL, CREMATION, OR REMOVAL PLACE Jonesboro Ill DATE 10-23 1934

19. UNDERTAKER Albert T. Hoppe Inc
 (ADDRESS) 429 1/2 Euclid Ave

20. FILED 10/22/1934 Agnes C. Kelly, Dept
 Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 20 1934

22. I HEREBY CERTIFY, That I attended deceased from June 15 1933, to Oct 20 1934
 I last saw him alive on Oct. 20 1934 Death is said to have occurred on the date stated above, at 3:20 P.M.
 The principal cause of death and related causes of importance were as follows:
Broncho. pneumonia Date of onset Oct 18

Other contributory causes of importance:
Chronic myocarditis
Hemiplegia, Cerebral Hemorrhage 1934

Name of operation none 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?
 If so, specify
 (Signed) B. P. Loving, M. D.
 (Address) Balwin, Mo.

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.

V. S. Co. Court

8223. Bremer

Overland No

Norris + Son
Jonesboro Ill.