

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

Do not use this space.

42453

6-1935

1. PLACE OF DEATH
 County Sullivan Registration District No. 241
 Township Newton Primary Registration District No. 5-5-2
 City Buffalo (No. _____) St. _____ Ward _____

2. FULL NAME Howe Elbert Sheridan
 (a) Residence, No. Buffalo Mo 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 Frances Sheridan (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 29 - 1892

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>42</u>	<u>11</u>		

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 _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-29 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 15 1934 to Dec 29 1934.
 I last saw him alive on Dec 29 1934 Death is said to have occurred on the date stated above, at 9 A. m.
 The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis Date of onset DK

Other contributory causes of importance _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER FATHER

13. NAME Barnett Sheridan

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

15. MAIDEN NAME Malinda Henderson

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

17. INFORMANT Frances Sheridan (ADDRESS) Buffalo Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Green Lane Cem DATE _____ 19____
Shropshire Mo

19. UNDERTAKER W. H. Plummer (ADDRESS) Buffalo Mo

20. FILED No 1935 Harvey Moore Registrar.

Name of operation none Date of _____

What test confirmed diagnosis? usual 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) W. H. Plummer M. D.
 (Address) Buffalo Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

