

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

Do not use this space.

JAN 12 1935

1. PLACE OF DEATH

County Vernon Registration District No. 875  
Township \_\_\_\_\_ Primary Registration District No. 3037  
City Nevada (No. \_\_\_\_\_) St. \_\_\_\_\_ (Ward) \_\_\_\_\_

File No. 45589  
Registered No. 247

2. FULL NAME

Patrick Sheridan  
(a) Residence, No. W. Walnut 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 Male 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 31 1841

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
93 1 15

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

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. 93

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) County Meath Ireland

13. NAME Patrick Sheridan

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

15. MAIDEN NAME Mary Mathias

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

17. INFORMANT Mrs. P. J. Balesy (ADDRESS) Nevada, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE McCalvary DATE 12-17 1934

19. UNDERTAKER Allen & Hayes (ADDRESS) Nevada, Mo.

20. FILED 12-15 1934 M. G. Gidinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 15 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-1-1 to 12-15

I last saw him alive on 12-7 1934 Death is said to have occurred on the date stated above, at 2:30 m.

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

Heart lesion  
100 Heart  
95 B 2  
Serum  
Date of onset \_\_\_\_\_

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 \_\_\_\_\_, 1934

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) P. J. Balesy, M. D.

(Address) Nevada, 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.

WRITE PERMANENT WITH UNFADING INK—THIS IS A PERMANENT RECORD

108  
2  
7

