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.

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

MAR 20 1935

Do not use this space.

5600

1. PLACE OF DEATH
County Jackson
Township ~~Kaw~~
City Kansas City (No. 2506, Wabash Avenue St. ..... Ward)

Registration District No. 399
Primary Registration District No. 1002

File No.
Registered No. 895

2. FULL NAME Perry Benjamin SHELDON
(a) Residence, No. 2506 Wabash 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 Sarah Ann Sheldon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 23, 1840.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
94	4	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) 1900
11. Total time (years) spent in this occupation 40

2 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

FATHER
13. NAME Lewis E. Sheldon
2 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

MOTHER
15. MAIDEN NAME Levina Hollister
2 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT (ADDRESS) Mrs. W.C.Martin, (Dauter) 3721 Broadway, K.C.Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE 2/26/35, 19

19. UNDERTAKER (ADDRESS) Mellody - McGilley K.C.Mo.

20. FILED 2/26, 19 35 M. M. Crowe, Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feby. 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 7th, 1934 to Feby 22nd, 1935
I last saw him alive on Feby 22, 1935 Death is said to have occurred on the date stated above, at 115a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Epithelioma of face	Sept 1935

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Other contributory causes of importance:

Senility.

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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) C. S. Merriman, M. D.
(Address) 1318 Bryant Bldg.