

AUG 9



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

Do not use this space.

24712

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City *St. Louis Mo* (No.)*Sanitarium*

File No.

Registered No. 6142

St. Ward)

2. FULL NAME *Harriet Sheard*(a) Residence, No. *2624 N. Market* St.,(Usual place of abode) *1775 Reside*

St. 7 Ward.

(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 *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (or use the word) *Widowed*5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF *Mrs. J. Sheard Housework*6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 30, 1857*7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min. *78 0 17*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housework*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Housework*10. Date deceased last worked at this occupation (month and year) *July 1913* 11. Total time (years) spent in this occupation12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Yorkson Nebraska*13. NAME *Richard Hewitt Yorkson*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Yorkson England*15. MAIDEN NAME *Margaret Middleton Yorkson*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Yorkson Maryland*17. INFORMANT (ADDRESS) *Hubert P. Smith 15400 Arsenal Rd.*18. BURIAL, CREMATION, OR REMOVAL PLACE *Bellefontaine Cemetery* DATE *July 19, 1935*19. UNDERTAKER (ADDRESS) *Wm. M. Schumacher 4834 Natural Bridge*20. *J. J. Brubaker*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 16th, 1935*22. I HEREBY CERTIFY, That I attended deceased from *July 12th*, 1935, to *July 16*, 1935. I last saw her alive on *July 16*, 1935. Death is said to have occurred on the date stated above, at *5:10 P.M.*

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

Pneumonia Date of onset *7/14/35*
*186*Other contributory causes of importance: *Generalized arteriosclerosis* *7/1/30+*
Fracture Left femur *6/25/38*Name of operation *none* Date of *no*
What test confirmed diagnosis? *clin. X-ray* 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 *6-26, 1935*Where did injury occur? *St. Louis Mo* (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place. *home*Manner of injury *slipped & fell while walking in hall*
Nature of injury *at city Sanitarium*24. Was disease or injury in any way related to occupation of deceased? *no*
If so, specify(Signed) *Hubert P. Smith* M. D.
(Address) *15400 Arsenal Rd.*

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.

WHILE BURNING WITH GRADING INSTRUMENTS IS A PERMANENT RECORD

