

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

Do not use this space.

25-367-1

NOV 29 1935

1. PLACE OF DEATH

County Fernon Registration District No. 615-3
Township Coal Primary Registration District No. 615-3
City (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Roy Franklin Sheddick St. _____ Ward _____
(Usual place of abode) Metz Mo. (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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clema Sheddick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 18, 1901

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
33 11 2

8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. Railway labourer

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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Metz, Missouri

13. NAME Marion Sheddick

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

15. MAIDEN NAME Laura Gates

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

17. INFORMANT Clema Sheddick
(ADDRESS) Metz, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Rides Less DATE July 22, 1935

19. UNDERTAKER Fern Funeral Home
(ADDRESS) Metz, Mo.

20. FILED Oct 10 1935 Mrs. Truman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 5:25 P.M.

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

Injured by railroad train. accidentally stepped in front of train.

Other contributory causes of importance:

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? Accident Date of injury July 20, 1935

Where did injury occur? Metz, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Railroad Right of way

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) L. B. Ferry _____ M. D.

(Address) Metz, 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.

