

DEC 13 1935

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

Do not use this space.

35034

1. PLACE OF DEATH

County AndrewRegistration District No. 13Township NodawayPrimary Registration District No. 5016City Savannah

(No. _____) St. _____ Ward _____

2. FULL NAME Joseph Sherwood(a) Residence, No. Farm

St. _____

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

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

Mrs. Anna Sherwood

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

Nov-18-1855

7. AGE

YEARS 79MONTHS 11DAYS 29

IF LESS than 1 day, _____ hrs. or _____ min.

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)

11. Total time (years) spent in this occupation

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

unknown
unknown

MOTHER FATHER

13. NAME

Ed. Sherwood

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

unknown
unknown

15. MAIDEN NAME

unknown

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

unknown
unknown

17. INFORMANT

Mrs. Anna Sherwood
Savannah mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Memorial Park St Joseph DATE 11-19-1935

19. UNDERTAKER

Fred Terhune
Savannah mo

20. FILED

11-18 1935 W. A. R. King
Registrar

MEDICAL CERTIFICATE OF DEATH

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

Nov 17 1935

22. I HEREBY CERTIFY, That I attended deceased from

Nov 12 1935 to Nov 14 1935I last saw him alive on Nov 14 1935 Death is saidto have occurred on the date stated above, at 6:15 m.

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

Cerebral Hemorrhage Date of onset _____

Other contributory causes of importance:

HypertensionArteriosclerosis

Name of operation _____

Date of _____

What test confirmed diagnosis? Physic as there an autopsy?

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? NoIf so, specify Depression due to poverty(Signed) Walter C. Myers, M. D.(Address) Savannah Mo

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.

MAINTAINED IN RESERVE FOR BINDING

