

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

Do not use this space.

DEC 16 1935

1. PLACE OF DEATH

County Buchanan, Registration District No. 2
Township Washington, Primary Registration District No. 567
City Maxwell Heights, R.F.D. # 6, (No. Maxwell Heights, R.F.D. # 6, St. 94 Ward)

File No. 35295
Registered No. 94

2. FULL NAME Levador Sherwood, R.F.D. # 6.

(a) Residence, No. Maxwell Heights St. 94 Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 81 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 Laura Sherwood,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 20, 1854
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 81 7 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Janitor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public School,
10. Date deceased last worked at this occupation (month and year) November 1928 11. Total time (years) spent in this occupation. 20

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

FATHER 13. NAME Hartwell Sherwood,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Tennessee,

MOTHER 15. MAIDEN NAME Elizabeth Gibson,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Kentucky,

17. INFORMANT (ADDRESS) Mrs. Levador Sherwood R.F.D. # 6, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cem. DATE Nov. 30th, 1935

19. UNDERTAKERS (ADDRESS) The Union Burial Home, 319 S. 10th St., St. Joseph, Mo.

20. FILED Mr. J. J. Zuercher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 28th, 1935

22. I HEREBY CERTIFY That I attended deceased from Nov 25, 1935 to Nov 25, 1935
I last saw him alive on Nov 25, 1935 Death is said to have occurred on the date stated above, at 6:59 a.m.

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

Arterio sclerosis general Date of onset
arteriosclerosis head disease ?
arteriosclerosis kidney disease

Other contributory causes of importance: Uremia 11-24-35

Name of operation none Date of no
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 no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no
(Signed) J. B. Senos M. D.
(Address) St. Joseph, 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.

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