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.

DEC 26 1935

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

Do not use this space.

36213

1. PLACE OF DEATH
County Jackson — Registration District No. [illegible]
Township Kaw — Primary Registration District No. [illegible]
City Kansas City (No. Research Hospital St. Ward)

File No.
Registered No. [illegible]

2. FULL NAME Fannie Sherrod
(a) Residence, No. 201 East 31st 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John F. Sherrod

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): August 21, 1863

7. AGE: YEARS 72 — MONTHS 3 — DAYS 0 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home
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): Missouri

FATHER
13. NAME: Col. D. A. Ridgeway
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

MOTHER
15. MAIDEN NAME: Fannie Reese
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

17. INFORMANT (ADDRESS): John Sherrod (Son) 6412, Baltimore Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mount Washington DATE Nov. 23, 1935

19. UNDERTAKER (ADDRESS): Stine & McClure 3235 Gillham Plaza

20. FILED 11-22, 1935 M. M. Crowe, asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): November 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from 10-21-, 1935, to 11-21-, 1935
I last saw her alive on 11-21-, 1935. Death is said to have occurred on the date stated above, at P. m. 11:50
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic pneumonia following a fracture of the pelvis	10-21-35

Other contributory causes of importance:

186a

Name of operation: Last 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? 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.
Home
Manner of injury: fall
Nature of injury: Intra-cochlearis fracture

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) C. H. Wyatt, M. D.
(Address) 3850 Prospect

16M-3-28-35

Dr [illegible]

38.50 Prospect

Wa - 19.00