

23 1936

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

Do not use this space.

10471

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township J. K. W. Primary Registration District No. 1002
City Kansas City (No. St. Marys Hospital) St. St. Marys Hospital Ward St. Marys Hospital

File No. 1003
Registered No. 1003

2. FULL NAME

Axel V Sherman

(a) Residence, No. 341 S Van Buren Blvd
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Hanna Sherman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 7 - 1864</u>		
7. AGE	YEARS	MONTHS
	<u>71</u>	<u>10</u>
		<u>24</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>M. O. P</u>		11. Total time (years) spent in this occupation <u>18</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Inspector</u>		
10. Date deceased last worked at this occupation (month and year)		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar - 1 - 1936

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1935, to March 1, 1936

I last saw him alive on March 1, 1936 Death is said to have occurred on the date stated above, at 5:30 P.

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

Hypernephroma left kidney Date of onset 1 year
Metastatic hypernephroma
of brain and right lung 4 months
Left hemiparesis
Other contributory causes of importance:
51
Bronchopneumonia 3 days

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sweden</u>
13. NAME <u>Unknown</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
15. MAIDEN NAME <u>Unknown</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
17. INFORMANT <u>Mrs. Hanna Sherman</u> (ADDRESS) <u>341 S Van Buren</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>MT. MORIAH</u> DATE <u>MARCH 3 1936</u>
19. UNDERTAKER <u>D. W. Newcomers Sons</u> (ADDRESS) <u>Kansas City Mo</u>
20. FILED <u>3/2</u> 19 <u>36</u> <u>M. Grobner</u> Registrar.

Name of operation none Date of none
What test confirmed diagnosis? Autopsy Was there an autopsy? yes

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? No

If so, specify _____

(Signed) J. G. Coe, M. D.

(Address) 822 Ogden Ave

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.

822 argyle Bltg

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