

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.

1600
2002
JUL 24 1936

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

Do not use this space.

22751

1. PLACE OF DEATH

County JacksonRegistration District No. 399File No. 22751Township KawPrimary Registration District No. 1002Registered No. 22751City K. C. Mo. (No.), Nesley Hospital St. Ward 2. FULL NAME Mrs. Anna Biederman Sheran(a) Residence, No. 4413 Prospect 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 (writes the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF A. M. Sheran6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 23 18847. AGE YEARS .51 MONTHS 8 DAYS 8 IF LESS than 1 day,hrs. ormin.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) K. C. Mo.13. NAME Albert Biederman14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT (ADDRESS) A. M. Sheran
4413 Prospect

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Mary DATE 6/3 193619. UNDERTAKER (ADDRESS) Nagler Funeral Home
2041 N. Linwood20. FILED 91 19. 36 M. Mo. K. C. Mo.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1, 193622. I HEREBY CERTIFY, That I attended deceased from May, 1936, to June 1, 1936I last saw h. alive on , 19 . Death is saidto have occurred on the date stated above, at 1:00 p. m.

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

Tetanus

Date of onset

Other contributory causes of importance:

Name of operation no Date of noWhat test confirmed diagnosis? no Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury unknownWhere did injury occur? no (Specify city or town, county, and State)

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

Manner of injury unknownNature of injury unknown24. Was disease or injury in any way related to occupation of deceased? noIf so, specify no(Signed) J. F. Mooker, M. D.(Address) Kansas City, Mo.

Mr. J. S. Mackey

Prof. Ridd.

Va 3002