SEP 29 1936

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

Do not use this space.

File No. 30926

Registered No. 3724

1. PLACE OF DEATH

County: Jackson — Registration District No.:

Township: Kaw — Primary Registration District No.:

City: Kansas City (No. 2125 Indiana St. 3724 Ward)

2. FULL NAME: Henry C. Sherf

(a) Residence, No. 2125 Indiana 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: 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: Clara Sherf

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

7. AGE: Years 77 — Months X — Days X — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: retired

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

FATHER

13. NAME: unknown

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

MOTHER

15. MAIDEN NAME: unknown

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

17. INFORMANT (ADDRESS): Mrs. Bunn, Dist. Coron.

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Cemetery — DATE: 8-13, 1936

19. UNDERTAKER (ADDRESS): N. Tuggman & Son, Kansas City, Mo.

20. FILED: 8/12, 1936 M. M. Crowe, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8/9/36, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19.... I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above at 5:00 p.m.

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

	Date of onset
Chronic pulmonary tuberculosis	

Other contributory causes of importance:

Name of operation: ..... Date of ....

What test confirmed diagnosis: Autopsy 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.

Manner of injury:

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible], M. D.

(Address)

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.