NOV 20 1936

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

Do not use this space.

36938

File No.
Registered No. 13

1. PLACE OF DEATH
County Camden
Township Russell Twp.
City ~~Branch~~ No. ward St. Ward)
Registration District No. 120
Primary Registration District No. 5172

2. FULL NAME Owen Sheridan
(a) Residence, No. 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: M
4. COLOR OR RACE: wht
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Dorothy Sheridan
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 20, 1874
7. AGE: Years 61 Months 9 Days 26 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Farmer
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): Nebraska

FATHER
13. NAME: Owen F Sheridan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unk

MOTHER
15. MAIDEN NAME: Mary E Seed
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unk

17. INFORMANT (ADDRESS): Dorothy Sheridan, Branch Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE: Stanton Chapel DATE: 10/19 36
19. UNDERTAKER (ADDRESS): Lockey Funeral Home, Osceola Mo
20. FILED 10-19-, 1936 W. G. Myers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 15, 1936
22. I HEREBY CERTIFY, That I attended deceased from June 8th, 1936, to Oct. 16th, 1936
I last saw him alive on Oct 15th, 1936 (Death is said to 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:

	Date of onset
Carcinoma of Lower Lip	1-1-36

Other contributory causes of importance:

Name of operation: Date of
What test confirmed diagnosis? Microscopic 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
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) G. D. Myers, M. D.
(Address) Macks Creek Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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