NOV 28 1936

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

Do not use this space.

37531

1. PLACE OF DEATH
County Jackson — Registration District No. 398 — File No.
Township ~~Blue~~ — Primary Registration District No. 3019 — Registered No. 327
City Independence (No. Sand Sanitarium St. Ward)

2. FULL NAME Caroline Sand Phillips Sheehy
(a) Residence, No. 903 West Waldo St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe
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 Kandall Phillips Sheehy
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6 1890
7. AGE YEARS 46 MONTHS 3 DAYS 3 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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) Tennessee
13. NAME Chas G Phillips
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee
15. MAIDEN NAME Delila J McInterf
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee
17. INFORMANT (ADDRESS) Mrs Alta Riley 4622 E 9th street KC Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Pontiac Illinois DATE 10-13-1936
19. UNDERTAKER (ADDRESS) Nunn Funeral Home Independence Mo
20. FILED 10-15-1936 J. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 9-36 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 9, 1936 to ....., 19....
I last saw her alive on Oct 9, 1936. Death is said to have occurred on the date stated above, at 2:55 p.m.
The principal cause of death and related causes of importance were as follows:
Chronic vegetative endocarditis. Vegetations on mitral and tricuspid valves.
Multiple infarcts in the lungs and a few in the kidneys.
Other contributory causes of importance:
Date of onset

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury none, 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) John R Green, M. D.
(Address) Independence

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

MARGIN RESERVED FOR BINDING

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.

Copy by [illegible]

DEC 8 1953

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of MISSOURI } ss.
County of BUTLER }

State File No. 37531

Local Registrar's No. 227

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 17th day of October, 1955, before me appears Randall D. Sheehy, who, upon his oath, states that the original record of death for Caroline Sarah Phillips Sheehy, died October 6, 1936, in the State of Missouri, and which was filed at Jefferson City, Missouri Nov 28, 1936, should be corrected as follows:

Item No. 2 should read Caroline Sarah Phillips Sheehy
Instead of Caroline S. Phillips

Item No. 5A should read Randall Sheehy
Instead of Randall Phillips

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Randall D. Sheehy Former Husband
Randall D. Sheehy Relationship.
Route# 1
Harviell, Missouri
Present Address.

Subscribed and sworn to before me this 17th day of October, 1955.

My Commission expires March 11, 1956 Charles A. Thorn Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

m V.S. 135
0M—8-43
1 X37817

37531