JAN 5 1938

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

Do not use this space.

File No. 169 45103

Registered No.

1. PLACE OF DEATH

County: Clay — Registration District No. 198

Township: Fishing River — Primary Registration District No. 2011

City: Excelsior Springs, Mo. (No. ..., Veterans Administration St. ... Ward)

2. FULL NAME SHEARD, Bud

(a) Residence, No. Veterans Administration St., ... Ward. Kansas City, Missouri (If nonresident, give city or town and State)

(Usual place of abode) Excelsior Springs, Mo.

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	Colored	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ Henrietta Sheard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 5, 1892

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
45	10	6	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mount Adams Arkansas

FATHER

13. NAME Unknown

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

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL PLACE Wadsworth, Kansas DATE 12-13-37, 19

19. UNDERTAKER (ADDRESS) John C. Prather, Excelsior Springs, Mo.

20. FILED Dec 14, 1937 Lorena McCracken Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from December 10, 1937, to December 11, 1937

I last saw him alive on December 11, 1937. Death is said to have occurred on the date stated above, at 9:20 a.m.

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

	Date of onset
Lung Abscess	?
Other contributory causes of importance: Esophagitis	?

Name of operation None Date of --

What test confirmed diagnosis? Exam. & Obs. 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 --, 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) H. L. Wysong, M.D.

(Address) H. L. WYSONG, Clay County Coroner Liberty, Missouri.

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.

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