

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

26119  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Boone Registration District No. 653  
 (b) Township Boygadocis Primary Registration District No. 5871  
 (c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ethnic Lee Sherron  
 (a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX F 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-9-1903

|                        |                 |                |  |
|------------------------|-----------------|----------------|--|
| 7. AGE YEARS <u>35</u> | MONTHS <u>5</u> | DAYS <u>27</u> | If LESS than 1 day, _____ hrs. or _____ min. |
|------------------------|-----------------|----------------|--|

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

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

10. Date deceased last worked at this occupation (month and year) 6-20-38

11. Total time (years) spent in this occupation 51

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bella Tenn

FATHER

13. NAME Wm Sherron

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

MOTHER

15. MAIDEN NAME Harnet Mitchell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bella Tenn

17. INFORMANT Wm Sherron  
(ADDRESS) Deering mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Deering DATE 7-7-38

19. FUNERAL DIRECTOR (ADDRESS) Hayth mo

20. FILED 7-5-38 Joel Rhodes  
Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6 1938

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 7:10 p.m.

The principal cause of death and related causes of importance were as follows:  
I dont know  
possibly Heart trouble

Date of onset \_\_\_\_\_

Other contributory causes of importance:  
2019 W

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ 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) Joel Rhodes coroner Hayth mo M. D.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No. ....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No. .... or by ....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

..... Licensed Embalmer No. ....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**