

REC'D OCT 15 1938 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township 1st East Primary Registration District No. 1002
City Kansas City (No. 1707 W. 34 Ter.)

File No. 31511
Registered No. 3808 (Ward)

2. FULL NAME

(a) Residence, No. 1707 W. 34 Ter. Ward. 1481
(Usual place of abode)

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 Fe 4. COLOR OR RACE wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 8 - 1853
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 11 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Richmond, Ind.

13. NAME Oliver J. Sheroin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

15. MAIDEN NAME Elizabeth Overman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

17. INFORMANT Oliver Matthy
(ADDRESS) 34th Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Claude Cain's DATE Sept. 30, 1938

19. UNDERTAKER (ADDRESS) Cy Law Funeral Home
48 E. 2nd

20. FILED Sept 30, 1938 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1938, to 9/28, 1938.
I last saw her... alive on 9/28, 1938. Death is said to have occurred on the date stated above, at 3 P. m.

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

Paralysis Complete
Cerebral Hemorrhage

Name of operation None 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?.....
If so, specify.....
(Signed) Dr. W. H. Hunsinger M. D.
(Address) 4050 Broadway, K. C. Mo.

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

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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1412 W. 39 Rd. 4120.

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