

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.

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

Do not use this space.

43476

1. PLACE OF DEATH

County Jasper
Township General
City The Hospital (No. WEBB CITY, MO.)

Registration District No. 8882x2x3002 413
Primary Registration District No. 5559-C.

File No. _____
Registered No. 65
St. _____ Ward _____

2. FULL NAME

Louise Sheehan (Mrs)
(a) Residence, No. Goodman St. _____ Ward _____

Missouri Co
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 11 mos. ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>divorced</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Russell Sheehan</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>9-25-1916</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>22</u>	<u>2</u>	<u>20</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>			
	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) <u>Joplin Missouri</u>				
FATHER	13. NAME <u>Paul Ritchard</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mississippi</u>			
MOTHER	15. MAIDEN NAME <u>Abbey Leroy</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Prosperity Missouri</u>			
17. INFORMANT (ADDRESS) <u>Records</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wheaton Mo.</u> DATE <u>Dec 18</u> 19 <u>38</u>				
19. UNDERTAKER (ADDRESS) <u>Pogue & Pogue</u>				
20. FILED <u>DEC. 17-38</u> 19 <u>38</u> <u>H. H. Chestnut M.D.</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1935 to Dec 15, 1938
I last saw her alive on Dec 13, 1938. Death is said to have occurred on the date stated above, at 3:50 P. m.
The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis Date of onset? _____

Other contributory causes of importance:
73

Name of operation None Date of _____
What test confirmed diagnosis? Roentgen 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) W. W. Murray, M. D.
(Address) Wheaton Mo.

