

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.

FILED

FEB 14 1941

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

Do not use this space.

1. PLACE OF DEATH

County Butler Registration District No. 89 File No. 1965  
Township \_\_\_\_\_ Primary Registration District No. 5131 Registered No. 42  
City Parsons Pluff (No. 1) St. 1 Ward 1

2. FULL NAME

John Sheridan  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

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 MALE 4. COLOR OR RACE White 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) Oct. 3 - 1877  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
63 3 25

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

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) Oct. 1, 1936 11. Total time (years) spent in this occupation 40 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dunklin Co., Mo.

13. NAME John Sheridan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) White Co., Ill.

15. MAIDEN NAME Blanca Mae Stokes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) White County, Ill.

17. INFORMANT Lena Sheridan (ADDRESS) Butler Co. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Reproby Cem. DATE Jan 29, 1941

19. UNDERTAKER (ADDRESS) Frank Montgomery Co.  
Reproby Cem. Parsons Mo.

20. FILED 1/30, 1941 Kate Lutz (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/28, 1941

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1941, to Jan 28, 1941  
I last saw him alive on Jan 12, 1941. Death is said to have occurred on the date stated above, at 7:30 a.m.  
The principal cause of death and related causes of importance were as follows:

Cerebral apoplexy  
hypertension  
arteriosclerosis

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical 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) J. E. Hamwell, M.D.  
(Address) Parsons Pluff Mo.

not unbalanced

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 1965-

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

Registration District No. 89

Primary Registration District No. 2131

Registrar's No.

1. PLACE OF DEATH:

(a) County Butler  
(b) City or town Poplar Bluff, T.P.  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.  
In this community years, months or days

3. (a) PRINT FULL NAME

John Sheridan

3. (b) If veteran name war. 3. (c) Social Security No.

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced.

6. (b) Name of husband or wife. 6. (c) Age of husband, or wife, if alive.

7. Birth date of deceased. (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
63 3 25 hr. min.

9. Birthplace. (City, town, or county) (State or foreign country)

10. Usual occupation.

11. Industry or business.

12. Name

13. Birthplace. (City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace. (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) (b) Date thereof. (Month) (Day) (Year)

(Burial, cremation, or removal) (Place: burial or cremation)

18. (a) Signature of funeral director

(b) Address

19. (a) 3/31/41 (b) Kate Lutz  
(Designated local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler  
(c) City or town "RURAL"  
(If outside city or town limits write "RURAL")  
(d) Street No. Epps Twp. - 14 Mi. West of Poplar Bluff.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.?

20. DATE OF DEATH. Month 1 day 28  
year 1941 hour 4 minute 44 M.

21. I hereby certify that I attended the deceased from 1941 to 1941; that I last saw him alive on 1941 and that death occurred on the date and hour stated above.

Immediate cause of death.

Due to.

Due to.

Other conditions. (Include pregnancy within 3 months of death)

Major findings: Of operations.

Of autopsy.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).

(b) Date of occurrence.

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury.

23. Signature W. Lee Farrell (M. D. or other)

Address Poplar Bluff, Mo. Designated

SUPPLEMENTARY

WRITE PLAINLY--USE UNFADING-BLACK INK--MAKE A PERMANENT RECORD

MOTHER FATHER

