

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.

21897

1. PLACE OF DEATH

County.....

Registration District No.....

791

1003

File No.....

Township.....

Primary Registration District No.....

City.....

St. Louis

(No.....)

Missouri Baptist Sanitarium

Registered No.....

6018

St.....

Ward.....

2. FULL NAME Martin E. Sheets, Jr.

(a) Residence. No. Moscow Mills, Mo. St. 12 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)
Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1885-10-5

7. AGE

YEARS

42

MONTHS

8

DAYS

00

IF LESS than 1
day, hrs.
or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Farmer

(b) General nature of industry,
business, or establishment in
which employed (or employer)

Agricultural

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Moscow Mills,
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Maurice E. Sheets

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Ida Dyer,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
(STATE OR COUNTRY) Mo.

14.

INFORMANT

(Address)

4558 Chouteau av.

15.

FILED

19

May 1928
Robert E. Sheets
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 5th, 1928

17.

I HEREBY CERTIFY That I attended deceased from
May 31st, 1928 to June 5th, 1928
that I last saw him alive on June 5th, 1928, and that
death occurred, on the date stated above, at 8:22 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar pneumonia,

CONTRIBUTORY
(SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?.....

19. DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Robert E. Sheets M. D.
6-5-28 (Address) Wall Bldg.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state
(1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or
HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Troy, Mo.

6-6-1928

20. UNDERTAKER

ADDRESS

Robert E. Sheets

7124
W. 12th St.

