

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

Do not use this space.

34781

1. PLACE OF DEATH

County Jefferson Registration District No. 420
 Township Abbeville Primary Registration District No. 3022
 City De Soto, Mo. (No. _____) St. _____ Ward _____

2. FULL NAME

M. Inerva E. Sheets
 (a) Residence, No. 418 S. Main St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. W. Sheets
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 19, 1869
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 7 27

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

MOTHER FATHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Francisco Missouri

13. NAME Watts

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Genevieve Mo.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Roy E. Sheets

18. BURIAL, CREMATION, OR REMOVAL
 PLACE De Soto, Mo. DATE Sept 16, 1936

19. UNDERTAKER (ADDRESS) Donnell B. Dietrich De Soto

20. FILED Sept 16, 1936 May Pendergast Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept - 15, 1936
 22. I HEREBY CERTIFY, That I attended deceased from Sept - 5, 1936 to Sept - 15, 1936
 I last saw him alive on Sept - 13, 1936 Death is said to have occurred on the date stated above, at De Soto, Mo.
 The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhaging - 19-1936
 Date of onset _____
 Other contributory causes of importance: None

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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) M. Inerva E. Sheets, M. D.
 (Address) De Soto, 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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