

DEC 20 1930

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

Do not use this space.

1. PLACE OF DEATH

County Carroll  
Township Van Horn  
City Bozard Mo (No. \_\_\_\_\_)

Registration District No. 133  
Primary Registration District No. 4074

File No. 35549  
Registered No. 20  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Wallace Sheehan

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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. (If nonresident, give city or town and State)

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 Mrs. A. Sheehan

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12-26-1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
73 11 14

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Ret Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Independence Mo

PARENTS

10. NAME OF FATHER John Sheehan

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

12. MAIDEN NAME OF MOTHER Lamson

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

14. INFORMANT Mrs Wallace Sheehan

(Address) Bozard Mo

15. FILED 11/18/30 Janin Henderson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 16 30 19

17. I HEREBY CERTIFY, That I attended deceased from Oct 10 30 1930 to Nov 16 1930  
that I last saw him alive on Nov 16 1930 and that death occurred, on the date stated above, at 8:47 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Interstitial Nephritis -  
Mitral Regurg -  
P 131 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 12/10 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 12/10

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_

(Signed) R M Benson M. D.

11-18-30 (Address) Bozard Mo

\*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

Mt Zion Cemetery 11-18 1930

20. UNDERTAKER

ADDRESS

E A Hickerson Bozard Mo

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.

