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.

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

AUG 25 1936

Do not use this space.

File No. 29396

Registered No. 303

1. PLACE OF DEATH

County St. Louis

Township Carondelet

City Jefferson Barracks, Mo. VETERANS FACILITY St. Ward)

Registration District No. 1123

Primary Registration District No. 62480

2. FULL NAME Elihu SHERRELL

(a) Residence, No. 1010 Morrison Ave St., Ward. St. Louis, Missouri
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred un yrs. kno mos. wn ds. How long in U. S., if of foreign birth? un yrs. kno mos. wn 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 Mrs. Daisy B. Sherrell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 10, 1884

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ......min.
	52	6	17	

OCCUPATION

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

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) unavailable

11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (CITY OR TOWN) Arcadia
(STATE OR COUNTRY) Missouri

FATHER

13. NAME unavailable

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unavailable

MOTHER

15. MAIDEN NAME unavailable

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

17. INFORMANT M. Schultz
(ADDRESS) Clinical Clerk, Jeff. Bks. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE NATIONAL CEM. DATE July 30 1936

19. UNDERTAKER C. HOFFMEISTER U+L Co.
(ADDRESS) 7814 S. BROADWAY

20. FILED July 29 1936 G. Maury Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 24, 1936 to July 27, 1936

I last saw him alive on July 27, 1936 Death is said to have occurred on the date stated above, at 9:50 p.m.

The principal cause of death and related causes of importance were as follows:

Tuberculosis, Pulmonary, Far Advanced (C)

Date of onset unknown

23

Other contributory causes of importance:

None

Name of operation ...... Date of ......

What test confirmed diagnosis? phy. exam. clinical manifestations, laboratory 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) C. W. HUGHES, M. D.

(Address) Chief Medical Officer, Jefferson Barracks, Mo.