MAR 17 1928

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

Do not use this space.

1. PLACE OF DEATH
County Clay. Registration District No. 198
Township ~~Fishing Rover~~ Primary Registration District No. 3011
City Ex Spgs (No. ; St. Ward)

File No. 4364
Registered No. 23

2. FULL NAME Kate E Shiney
(a) Residence. No. Ex Spgs Sumterian St., Ward. Rush Center Kans
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. 1 mos. 12 ~~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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 4 - 1858

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
70	0	23	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Coshocton
(STATE OR COUNTRY) Ohio

PARENTS
10. NAME OF FATHER Jesse Ogle
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ohio.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Rachel Burges
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) England

14. INFORMANT A. G. Shiney
(Address) Rush Center Kans

15. FILED 2/28 1928 Y. D. Craven
REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 27 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1928, to Feb. 27, 1928 that I last saw her alive on Feb. 27, 1928, and that death occurred, on the date stated above, at 5:20 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Lobar Pneumonia acute, developed from Diabetic gangrene
59
108 (duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) Diabetes mellitus about (duration) 25 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Rush Center Kas.
20 DID AN OPERATION PRECEDE DEATH? Yes. DATE OF Feb 20 1928
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Laboratory
(Signed) John J. Gaines, M. D
, 19 (Address) Excelsior Springs 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 Rush Center Kans
DATE OF BURIAL 19

20. UNDERTAKER John C Prather
ADDRESS Excelsior Spgs

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.