

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

Do not use this space.

7775-1

1. PLACE OF DEATH

County Collinger
Township Lehigh
City (No.)

Registration District No. 69-67
Primary Registration District No. 5-108
6704

File No. 10
Registered No. 8
St. Ward)

2. FULL NAME

Alice Snow Shell

(a) Residence. No. St. Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 18 1876

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ... hrs. or ... min.
52 | 1 | 21

8. OCCUPATION OF DECEASED

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

10. NAME OF FATHER

Samuel Baker

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER

Paula Baker

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Mo

14.

INFORMANT M. R. Shell
(Address) Baker Mo

15.

FILED 2-9-29 19. 29 6h. Sandls REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 9 1928

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., that I last saw him alive on 3-9-1928, and that death occurred, on the date stated above, at 8:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage
82A
(duration) yrs. mos. da. 12

CONTRIBUTORY (SECONDARY)

Unknown
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH,

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) A. H. Kistopatrack, M. D.

, 19 (Address) Galena 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

Eaton Cemetery Mar. 10, 1928

20. UNDERTAKER

ADDRESS

Peter Biss Lutesville 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.

