

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

Do not use this space.

10215

1. PLACE OF DEATH

County Rolla
Township Saline
City _____ (No. _____) St. _____ Ward _____

Registration District No. 930
Primary Registration District No. 6962

File No. _____
Registered No. _____

2. FULL NAME

Francis C. Shuck.

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 56 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 (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Wm. H. Shuck.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June-15th 1931

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
96 8 5 — hrs. — min.

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) None
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN; STATE OR COUNTRY) Page Co. Virginia

10. NAME OF FATHER Franklin Berry

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

12. MAIDEN NAME OF MOTHER Don't Know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN; STATE OR COUNTRY) Don't Know

14. INFORMANT A. J. Utterback
(Address) Monroe City Mo.

15. FILED 3/21 1928 J. E. Lloyd REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March-20th 1928

17. I HEREBY CERTIFY That I attended deceased from March 20, 1928, to March 20, 1928
that I last saw her alive on March 20, 1928, and that death occurred, on the date stated above, at 3:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Valvular heart disease

CONTRIBUTORY (SECONDARY)

Senility
(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) W. P. C. Phipps, M. D.
3/20, 1928 (Address) Missouri City 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 Rolla
Memorial Chapel Co DATE OF BURIAL 3-22 1928

20. UNDERTAKER Wilson & Son ADDRESS Monroe City 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.

