JAN 21 1929

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

Do not use this space.

39443

1. PLACE OF DEATH

County Buchanan — Registration District No. 81 — File No.

Township — Primary Registration District No. 4049 — Registered No. 9

City ~~St. Joseph, Mo.~~ No. DeKalb, Missouri St. Ward)

2. FULL NAME Catherine Shofner

(a) Residence. No. 6304 Belding St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

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.

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 OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 20, 1849

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
79	7	17	

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

9. BIRTHPLACE (CITY OR TOWN) Buchanan County
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER: James Hall
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER: Julia McPherson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Kentucky

14. INFORMANT Mrs. Jess Warren
(Address) DeKalb, Missouri

15. FILED Dec. 7, 1928 J. W. McAdow
REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) December 7, 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec. 3, 1928, to Dec. 7, 1928 that I last saw her alive on Dec. 7, 1928, and that death occurred, on the date stated above, at 2:45 A. m.

THE CAUSE OF DEATH* was as follows:

Lobar Pneumonia

11A

108

11A (duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) Flu

(duration) yrs. mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

0 DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Usual

(Signed) J. W. McAdow, M. D

Jan 1, 1929 (Address) DeKalb 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: King Hill Cemetery — DATE OF BURIAL: Dec 8, 1928

20. UNDERTAKER: Fleeman Funeral Home — ADDRESS: 1208 Francis

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.