JAN - 5 1929
JAN 25 1929

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

Do not use this space.

41794

1. PLACE OF DEATH
County Morgan
Township Hawk Creek
City Slover (No. ..... St. ..... Ward)
Registration District No. 919
Primary Registration District No. 4551
File No. .....
Registered No. 53

2. FULL NAME Catherina Elizabeth Shireman
(a) Residence. No. ..... 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) Widowed

5A. IF ~~MARRIED, WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF Adam Shireman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 25th 1851

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
77	9	6	

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

9. BIRTHPLACE (CITY OR TOWN) New-Gagodnaja
(STATE OR COUNTRY) Russia

PARENTS
10. NAME OF FATHER Henry Befus
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Russia
12. MAIDEN NAME OF MOTHER Don't know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Don't know

14. INFORMANT Adam Shireman
(Address) Slover Mo

15. Jan 10th 1929 Wm L Ripperger REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 1 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1928, to Dec 1, 1928 that I last saw her alive on Dec 1, 1928, and that death occurred, on the date stated above, at 8 45 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia Lobar
105
101 (duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (SECONDARY) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

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) Chas A Wiest, M. D
Dec 2, 1928 (Address) Slover 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 Slover Cem
DATE OF BURIAL Dec 3 1928

20. UNDERTAKER C. K. Rapp
ADDRESS Slover Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.