

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

Do not use this space.

9516

1. PLACE OF DEATH

County Polinger Registration District No. 66 File No. _____
 Township Lorance Primary Registration District No. H.O. 38 Registered No. _____
 City Lutesville (No. _____) St. _____ Ward _____

2. FULL NAME Cynthia Catherine Shulton

(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. 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 OF (OR ~~WIFE OF~~) Thomas E. Shulton

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 17 1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
71 | 1 | 19 | _____

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House wife
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Lutesville
 (STATE OR COUNTRY) Mo

10. NAME OF FATHER Bird Francis

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) unknown

12. MAIDEN NAME OF MOTHER Carter

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) unknown

14. INFORMANT Paula Shulton
 (Address) Lutesville Mo

15. FILED 4/1 1929 J. J. Gahander REGISTRAR

2) MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 27 1929

17. I HEREBY CERTIFY, That I attended deceased from 2-1-29 to 3-27-29, 1929 that I last saw her alive on 3-25-29, 1929, and that death occurred, on the date stated above, at 4 PM.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Disease of Heart
Coronary Arteriosclerosis

57B (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) Rheumatism
at intervals for years (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) O. L. Samsor, M. D.

3-28 1929 (Address) Marble Hill 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

Dry Creek March 28 1929

20. UNDERTAKER ADDRESS

A. J. Baker Lutesville

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should make CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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3
1929

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