

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

Do not use this space.

41534

1. PLACE OF DEATH

County Newton
Township _____
City Neosho (No. _____)

Registration District No. 609
Primary Registration District No. 7363

File No. 105
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Pauline V Shearer

(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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>L. S. Shearer</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Dec 1 1847</u>		
7. AGE <u>82</u>	YEARS	MONTHS
		DAYS
		IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife</u> (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) Tennessee

PARENTS	10. NAME OF FATHER <u>Ransom Parrish</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>
	12. MAIDEN NAME OF MOTHER <u>Tabeta Cowherd</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>

14. INFORMANT L. S. Shearer
(Address) Neosho Mo

15. FILED 12/9/29 1929 L. E. Maurer
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12 - 5 1929
17. I HEREBY CERTIFY, That I attended deceased from Dec 1 1928 to Dec 5 1929
that I last saw her alive on Dec 5 1929, and that death occurred, on the date stated above, at 11:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of rectum -
460 45 (duration) 3 yrs. mos. 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) R. J. Yanson M. D.
12/6 1929 (Address) Neosho 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
Clear Creek Cemetery DATE OF BURIAL 12-7 1929

20. UNDERTAKER
Byham's ADDRESS Neosho

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. COMPLETELY CORRECT! WITH UPDATING INK—THIS IS A PERMANENT RECORD

