

UN 25 1930

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

Do not use this space.

12444

1. PLACE OF DEATH

County Howell

Registration District No. 384

Township West Plains mo

Primary Registration District No. 4227

City West Plains mo

File No. 37

Registered No. _____

St. _____ Ward _____

2. FULL NAME Lucinda Shinkle

(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 wht

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 18 1947

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 2 23

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) Lucas Ridge, Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Dad't know

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

12. MAIDEN NAME OF MOTHER _____

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

14. INFORMANT Mrs. Javin
(Address) West Plains mo

15. FILED 4-14-30 O. J. Keenrich
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/11 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1927 to Mar 12, 1930 that I last saw him alive on 4-5, 1930 and that death occurred, on the date stated above, at 830 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Senile debility

162 (duration) 15 yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH ✓

19. DID AN OPERATION PRECEDE DEATH? no DATE OF ✓

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Observation
(Signed) Edwin D. Green, M. D.

4-12, 1930 (Address) West Plains, 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 West Plains DATE OF BURIAL 4/13 1930

20. UNDERTAKER McFarland ADDRESS West Plains

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.

