

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

DEC 22 1930

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

Do not use this space.

33393 B

1. PLACE OF DEATH

County Lafayette  
Township Johnson  
City Osborne (No. \_\_\_\_\_)

Registration District No. 460  
Primary Registration District No. 3E03-03

File No. \_\_\_\_\_  
Registered No. 95  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(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.

Mary Ellen Shockley

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE-MARRIED, WIDOWED OR DIVORCED (write the word) 8

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 17-1930

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
2 28

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER Walter Shockley

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

12. MAIDEN NAME OF MOTHER Worthie Franklin

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

14. INFORMANT (Address) Walter Shockley  
Corden Mo.

15. FILED 10-16-30 Bessie P. B. Ste  
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 15 1930

17. I HEREBY CERTIFY, That I attended deceased from 17 30 Oct 1930  
that I last saw him alive on Oct 14 1930 and that death occurred, on the date stated above, at 2-A m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Malnutrition  
15  
15 (duration) yrs. 3 mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH \_\_\_\_\_

8 DID AN OPERATION PRECEDE DEATH? No DATE \_\_\_\_\_

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_  
(Signed) Henry C. ...  
, 19 (Address) Corden 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

St. Hope Grav Y<sup>near</sup> ... Mo Oct 16 1930

20. UNDERTAKER Hofer Meuschagen ADDRESS Raymondville

