

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

Do not use this space.

40088

File No. 303
Registered No. 22 St. 22 Ward)

1. PLACE OF DEATH

County Marion Registration District No. 547
Township Marion Primary Registration District No. 3079
City Hannibal (No. 109 North 7th St) St. 22 Ward)

2. FULL NAME Amanda C. Shemin

(a) Residence. No. 109 N 7th St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 29, 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 11 20

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) not known
(STATE OR COUNTRY) Ralls Co. Missouri

10. NAME OF FATHER Barnet & Breeding

11. BIRTHPLACE OF FATHER (CITY OR TOWN) not known
(STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER Matilda Adams

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) not known
(STATE OR COUNTRY) Kentucky

14. INFORMANT Mrs. Chas. Mueller
(Address) 109 N 7th St. Hannibal, Mo.

15. FILED 1/20 1930 [Signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) December 19 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 19 1930 on Dec 19 1930, 1930.
that I last saw h.e. alive on Dec 19 1930, 1930, and that death occurred, on the date stated above, at 2:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage
97 (duration) yrs. mos. da.
Arterial Sclerosis
(SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED [Signature]
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) [Signature], M. D.
, 1930 (Address) 500 Broadway Hannibal, 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 Mt Olivet DATE OF BURIAL Dec 21 1930

20. UNDERTAKER [Signature] ADDRESS 902 Broadway Hannibal, Mo.

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.

JAN 20 1930

