

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.

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

Do not use this space.

4411

1. PLACE OF DEATH

County Worth
Township St. Charles
City Grant City (No. 903)

Registration District No. 903

Primary Registration District No. 45-45-

File No. 6

Registered No. 6

St. 6 Ward 6

2. FULL NAME

Bernice M. Shipley

(a) Residence. No. Life St. Life Ward Life

(Usual place of abode)
Length of residence in city or town where death occurred Life yrs. Life mos. Life da. How long in U.S., if of foreign birth? yrs. Life mos. Life da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 26, 1905

7. AGE YEARS 25 MONTHS 3 DAYS 1 IF LESS than 1 day, hrs. min.

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) Grant City
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Geo. Cloas

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

12. MAIDEN NAME OF MOTHER Lou Cloas

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

14. INFORMANT George Cloas
(Address) Grant City

15. FILED 1/28/31 John Andrews
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 27, 1931

I HEREBY CERTIFY, That I attended deceased from Jan. 27, 1931 to Jan. 27, 1931
that I last saw her alive on Jan. 27, 1931 and that death occurred, on the date stated above, at 5:45 P.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Strychnine Sulphate
Administered at home
Taken by self
163 E. Second St. Grant City
CONTRIBUTORY (SECONDARY) Coroner's jury verdict

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH...
DID AN OPERATION PRECEDE DEATH? No DATE OF 1-28, 1931
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Microscopic
(Signed) J. H. Hulse M. D.

*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 City Cemetery
DATE OF BURIAL 1/29, 1931

20. UNDERTAKER Arch C. Trumble
ADDRESS Grant City

