

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.

4476

PLACE OF DEATH

County Albion
Township Tarkio
City Tarkio (No. _____)

Registration District No. 20
Primary Registration District No. 3027

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

2. FULL NAME Elizabeth Jackson Adams Shunk
(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 10 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) wid
5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joe W. Shunk
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 12 - 1853
7. AGE YEARS 78 MONTHS 1 DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.
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) 235
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Wm. Virginia 2
(STATE OR COUNTRY)

10. NAME OF FATHER Jackson Adams
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Virginia
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Caroline Peppers
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Virginia
(STATE OR COUNTRY)

14. INFORMANT Mrs. John D. Pick
(Address) Rock Port, Mo.

15. FILED Feb 15 1931 REGISTRAR C. M. Davis

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 13 1931
17. I HEREBY CERTIFY, That I attended deceased from Feb. 10th to Feb. 13th 1931, to Feb. 13th 1931, that I last saw her alive on Feb. 12th 1931, 15:31, and that death occurred, on the date stated above, at 7:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Heart failure of long
duration followed by
coronary thrombosis to 8:00 p.m.
Feb. 12th 1931 (duration) 5 hrs.
CONTRIBUTORY 73A
(SECONDARY) 73B (duration) 5 hrs.

18. WHERE WAS DISEASE CONTRAICTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF _____

WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) William R. Strickland, M.D.
Feb. 15, 1931 (Address) Rockport, 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 Center Grav DATE OF BURIAL Feb 15 1931
20. UNDERTAKER J. M. Davis ADDRESS Tarkio

