

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

Do not use this space.

9270

1. PLACE OF DEATH

County Cooper
Township
City Beachwater (No. _____)

Registration District No. 2/7
Primary Registration District No. 4/131

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

2. FULL NAME

Marian Ford Shouse

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 30th 1836

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 DAY, _____ hrs. or _____ min.
	<u>95</u>	<u>1</u>	<u>19</u>	

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) (STATE OR COUNTRY) Shelby Co Kentucky 2

10. NAME OF FATHER Thomas Ford

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

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown 21

14. INFORMANT (Address) Mrs Anna Marshall Beachwater Mo

15. FILED 3-21-31 W. S. G. G. G. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 20th 1931

17. I HEREBY CERTIFY, That I attended deceased from _____
_____ 1931 to _____ 1931
that I last saw him alive on March 18th 1931, and that death occurred, on the date stated above, at 3:30 o'clock a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Senility

CONTRIBUTORY (SECONDARY) 162
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED THE CAUSE?
(Signed) W. S. G. G. G. M. D.
3-20-31 (Address) Beachwater 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 Nelson Cemetery Salina **DATE OF BURIAL** March 21st

20. UNDERTAKER Schivitzky McCrory **ADDRESS** Boonville

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.

APR 21 1931

MARGIN RESERVED FOR BINDING

