

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.

## 1. PLACE OF DEATH

County CentryTownship JacksonCity King City

(No. \_\_\_\_\_)

Registration District No. 312Primary Registration District No. 4188

17643

File No. \_\_\_\_\_

Registered No. 10

St. \_\_\_\_\_

Ward \_\_\_\_\_

## 2. FULL NAME

Mrs. Mellissa Shriver

(a) Residence, No. \_\_\_\_\_

(Usual place of abode)

St. \_\_\_\_\_

Ward. \_\_\_\_\_

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 26 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

## 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 OFSam Shriver

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Oct. 22, 1861

## 7. AGE

YEARS

69

MONTHS

6

DAYS

21

If LESS than 1

day, \_\_\_\_\_ hrs.

or \_\_\_\_\_ min.

## OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife 255

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Berlin  
Mo.

## FATHER

13. NAME Samuel Robertson14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Unknown  
Ky.

## 15. MAIDEN NAME

Rebekah McNatt.16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Unknown  
Tenn.17. INFORMANT  
(ADDRESS)Mrs. Irene Salisbury  
King City, Mo.

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE King City, Mo. DATE May 17, 193119. UNDERTAKER  
(ADDRESS)H. D. Wilson  
King City, Mo.

## 20. FILED

May 17, 1931

Registrar.

## MEDICAL CERTIFICATE OF DEATH

2

## 21. DATE OF DEATH (MONTH, DAY, AND YEAR)

May 13/31, 19

## 22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 9:10 A.M. Death is said

to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Apoplexy.

755

72A

Other contributory causes of importance:

Organic Heart trouble

Name of operation

Date of \_\_\_\_\_

What test confirmed diagnosis? Examination Was there an autopsy? \_\_\_\_\_

## 23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

## 24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) S. D. Harding, (Coroner), M.D.(Address) St. Mary, Mo.

