

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

Do not use this space.

22028

**1. PLACE OF DEATH**

County Linn Registration District No. 501  
Township Locust Creek Primary Registration District No. 5666  
City (No. ....) St. .... Ward

File No. ....  
Registered No. 12

**2. FULL NAME Christina Ely Shouse**

(a) Residence, No. 7 miles N. W. of Brookfield, Missouri  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**2 MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8, 1931

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF - James Wiley Shouse  
(OR) WIFE OF Deceased June 11, 1904

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1931, to June 8, 1931  
I last saw him alive on July 8, 1931. Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 6, 1855

to have occurred on the date stated above, at 10:50 A.M.  
The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
76 2 2

Cancer of Liver  
according to tray  
at Grace Hospital  
Chillicothe Mo.  
46  
Date of onset ?

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

Other contributory causes of importance:  
Gall stones 12 40 yrs.

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) Shepherdstown  
(STATE OR COUNTRY) Belmont County, Ohio 2

13. NAME Thomas Major Graham

Name of operation off to Europe Date of -----

14. BIRTHPLACE (CITY OR TOWN) Near Morristown  
(STATE OR COUNTRY) Belmont Co. Ohio

What test confirmed diagnosis? tray Was there an autopsy? no

15. MAIDEN NAME Elizabeth Stine

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ----- Date of injury -----, 19-----

16. BIRTHPLACE (CITY OR TOWN) Green County,  
(STATE OR COUNTRY) Pennsylvania

Where did injury occur? ----- (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Robert Graham Shouse  
(ADDRESS) Purdin, Missouri

Manner of injury -----  
Nature of injury -----

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Rose Hill Cem. DATE June 10, 1931

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify -----

19. UNDERTAKER M. Y. Rusk  
(ADDRESS) Brookfield, Missouri

(Signed) Mark H. P. Road, M. D.  
(Address) Linn County Mo.

20. FILED 6/11 1931 N. J. Taylor  
Registrar

N. B.—Every item of information should be carefully supplied. The cause of death should be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUL 25 1931

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