

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

Do not use this space.

27422

1. PLACE OF DEATH

County Andrew Registration District No. 26
 Township Saltriver Primary Registration District No. 3002
 City Mexico Mo (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 100

2. FULL NAME Jane - Shoulap

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 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>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>David - M - Shoulap</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June - 16 - 1850</u>		
7. AGE	YEARS <u>81</u>	MONTHS <u>1</u>
	DAYS <u>22</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>-</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>none</u>	
	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) <u>Frankton Mo</u>		
FATHER	13. NAME <u>Stephens Baslar</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Waltham Mo</u>	
MOTHER	15. MAIDEN NAME <u>Martha C. Smith</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Calloway Co Mo</u>	
17. INFORMANT <u>Gray Dunlap</u> (ADDRESS) <u>Jefferson City Mo</u>		
18. BURIAL, CREMATION OR REMOVAL PLACE <u>Mexico Mo</u> DATE <u>Aug 7th</u> 19 <u>31</u>		
19. UNDERTAKER <u>H. A. French & Son</u> (ADDRESS) _____		
20. FILED <u>Aug 6th 1931</u> <u>J. S. Milligan</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 6th 1931

22. I HEREBY CERTIFY That I attended deceased from July - 11 1931 to Aug 6 1931
 I last saw her alive on Aug 6 1931 Death is said to have occurred on the date stated above, at 12:35p.m.
 The principal cause of death and related causes of importance were as follows:
Senile Arteriosclerosis Date of onset 97
162 97
 Other contributory causes of importance:
Age - and usual Cause -

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

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) R. W. Van Wagoner D.
 (Address) Mexico Mo

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.

SEP 21 1931

100

2